



Course Substitution/Waiver Request

Part I. (Student completes - See below for instructions)

Name _____ Student ID _____ Date _____

ESCC Email _____ Semester and Year of Course: _____

Program of Study _____

To be completed by a counselor/academic advisor for submission to the VP of Academic & Student Affairs or the Office of the Registrar.

Substituted/Waived Course Information

Required Course Information (if applicable)

Course Prefix	Course Number	Credits	For	Course Prefix	Course Number	Credits
			➔			

If a waiver is requested, provide justification and attach documentation. _____

Student Signature

Date

Academic Advisor/Counselor Signature

Date

Part II. VP's Response

Approved

Denied

Justification for Course Substitution/Waiver Denial:

VP of Academic & Student Affairs

Date

Office Use:
Processed by _____

Date _____