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.

<table>
<thead>
<tr>
<th>Substituted/Waived Course Information</th>
<th>Required Course Information (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Prefix</td>
<td>Course Number</td>
</tr>
</tbody>
</table>

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:                                               Date _______________________
Processed by ______________________________________________
Registrar 12/2018