



Course Substitution/Waiver Request

Part I. Student Information

Name _____ Student ID _____

ESCC Email _____ Program of Study _____ Request Date _____

Part II. Course Information

(To be completed by an advisor for submission to the Chief Academic Officer.)

Table with 8 columns: Program Course Requirement (Course Title, Course #, Credits), Requested Substitute/Waiver Course Information (Semester Term, Course Title, Course #, Credits). Includes three rows with arrows in the Credits column.

Please provide justification and/or supporting documentation. _____

Student Signature

Date

Advisor Signature

Date

Part III. Chief Academic Officer Review

Approved Denied

Comments _____

Chief Academic Officer Signature

Date

Part IV. Registrar Processing

Comments _____

Student Notified _____ Processed by _____ Date _____