

Course Substitution / Waiver Request

Name:			Date:		Emplid:		
Progran	n of Study:						
Student	: Info (transfe	er school/progra	m/career go	al):			
Evidence	Submitted:	Advisement R	eport	TransferVA	Other:		
art II. Co	ourse Informat	tion					
	Course Required on the Advisement Report			VCCS Course to be Substituted			
	Subject	Number	Credits	Semester/Year Course Was Taken	Subject	Number	Credits
Advisor:	Provide justif	ication:					
Departm		ication: ovide justification	:	Date	e:		
Departm Student	nent Chair: Pro		:	Date Date			
Departm Student Advisor	nent Chair: Pro	ovide justification	:		e:		
Departm Student Advisor Progran	nent Chair: Pro Signature: Signature: n Chair Signat	ovide justification	:	Date	e:		
Departm Student Advisor Progran	nent Chair: Pro Signature: Signature: n Chair Signat	ovide justification ure: Officer Review	pproved	Date	e:		

Date:

Chief Academic Officer Signature:

Part IV. Registrar Processing							
Processed by:	Date:	Registrar 5/2024					
Notes:							

It is the policy of Eastern Shore Community College and the Virginia Community College System to provide equal employment and educational opportunities for all persons without regard to race, color, religion, disability, sex, sexual orientation, gender identity, ethnicity, marital status, pregnancy, childbirth or related medical conditions including lactation, age (except when age is a bona fide occupational qualification), status as a veteran, national origin, or other non-merit factors (including, but not limited to, political affiliation and genetic information). This policy permits appropriate employment preference for veterans.