Howard College/SWCID Course Substitution Form

Student Name: ________________________________  Student ID: ________________________________

Date: __________  Site: __________________________  Advisor’s Name: ________________________________

Major/Program Area/Degree or Certificate: __________________________________________________________

Catalog: ______________

List Howard College/SWCID required course title & number.  
List course title & number of course to be used as a substitute for the required course.  
List the name of the college/university where course was taken. If this course was completed at another institution, a copy of the transcript and course description should be attached.

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<tr>
<th>Howard College/SWCID</th>
<th>Course Title &amp; Number</th>
<th>Institution Name</th>
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Justification for substitution:
_________________________________________________________________________________________________
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_________________________________________________________________________________________________
_________________________________________________________________________________________________

_____ Approve  _____ Disapprove  

____________________________________________  Date: ________________________________
Signature of Program/Division Director

_____ Approve  _____ Disapprove  

____________________________________________  Date: ________________________________
Signature of Instructional Dean

_____ Approve  _____ Disapprove  

____________________________________________  Date: ________________________________
Signature of Executive Dean

_____ Approve  _____ Disapprove  

____________________________________________  Date: ________________________________
Signature of Vice President of Academic and Student Affairs

____________________________________________  Date: ________________________________
Signature of Registrar