

## REQUEST FOR SUBSTITUTION

*A substitution is used when a student has achieved the competencies of a course through the completion of another cégep course. (Policy 5, 3.5.1 (c))*

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Program: \_\_\_\_\_

Course Followed	Semester	Course Needed	Objective Code	Objective Status	Tech. Initials
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	
				<input type="checkbox"/> OA <input type="checkbox"/> OT <input type="checkbox"/> not met	

Reason for Change(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initiated by: \_\_\_\_\_ Date: \_\_\_\_\_  
Academic Advisor's signature day/month/year

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
Registrar's signature day/month/year

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Academic Dean's signature day/month/year

**PLEASE RETURN FORM TO STUDENT SERVICES**