



WYTHEVILLE COMMUNITY COLLEGE APPLICATION FOR SUBSTITUTION OF CREDIT

Name: _____

Student ID#: _____

Program: _____

WCC Catalog Year: _____

Substitutions can be requested when a student has completed equivalent or more sophisticated courses in the same field to satisfy program requirements. This applies to credits earned at WCC or from other colleges.

The following substitutions are requested for approval for credit toward completion of a degree or certificate:

Required Course(s)			Suggested Course Substitution(s)			
Course Number	Title	Credits	Course Number	Title	Credits	Institution (if transfer credit)

Notes/Comments:

SIGNATURES:

Student: _____ Date _____

Faculty Advisor: _____ Date _____

Division Dean: _____ Date _____

ADMISSIONS OFFICE USE ONLY:

Processed by: _____ Date _____

Copy of approved form sent to advisor Date: _____