VIRGINIA PENINSULA COMMUNITY COLLEGE

Course Substitution Request

Part I. (Student co	ompletes - See below	for instructions)								
Name		Student ID				Date				
VPCC/VCCS Ema	ail	Telephone				Catalog Year				
Program of Stud	dy		AA	AFA	AS	AAA	AAS	Certificate	CSC	
Substit	tuted Course Infor	mation				Requir	ed Cour	se Informa	tion	
Course Prefix	Course Number	Credits	For Cou			Course Number			Credits	
			→							
Part II. To be completed by a counselor/academic advisor for submission to the academic dean or the Office of the Enrollment Services. I have reviewed this student's academic records and believe this request warrants consideration by the academic dean. I have reviewed the student's academic records and do not believe this substitution request warrants further consideration. Based on information documented in the course substitution library, this request should be approved. It is understood that this form is used only for substitution of Virginia Peninsula courses and/or courses that have been officially evaluated from other colleges/universities and accepted by VPCC for credit. If approved, the substituted course is applicable only to the curriculum listed. If the degree level is AA, AFA or AS, it is further understood that the transferability of the substituted course will be determined by the receiving institution.										
Student Signature			_			Date				
Academic Advisor/Counselor Signature				Date						
☐ Approved	c Division Dean or Des d Course Substitution De		ecessary)	☐ Denie	d					
Dean or Designee	: Signature	_				Date				
1	Student: Complete Part 1, so Academic Advisor/Counseld Dean/Designee: Review req Enrollment Services: Updato	or: Review form with students, indicate action, sign	udent and deteri gn (Part III) and f	mine next st orward to Er	rollment		an or Enrolln	ment Services)		
Office Use:							Date			
Received by Notification to Division						Date Date				
Notification to Student										

White: Enrollment Services Yellow: Academic Division Pink: Student