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# WBL / Curriculum Course Substitution

NAME: \_\_\_\_\_  
Last First Middle

STUDENT ID #/ SOCIAL : \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

Curriculum: \_\_\_\_\_ Apprenticeship  YES  NO

Semester and year you plan to use substitution \_\_\_\_\_

I request permission to substitute: \_\_\_\_\_ for \_\_\_\_\_  
(Course number and name) (Course number and name)

Justification (How did WBL experience fulfill the learning outcomes for the requested substitution):

\_\_\_\_\_

### Approval of Request for Course Substitution

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Dean/Department. Chair

\_\_\_\_\_  
Vice President of Academics & Student Services/CAO

**NOTE: Attach course description from NCCCS website for requested substitution course.**