



54 COLLEGE DRIVE • MARION, NC 28752 • 828.652.6021 • registrar@go.mcdowelltech.edu

REQUEST FOR COURSE SUBSTITUTION

NAME: _____
Last
First
Middle

STUDENT ID # : _____ DATE: _____

EMAIL: _____ CONTACT PHONE: _____

Major: _____

Semester and year you plan to use substitution _____

Blanket Substitution: yes no (see list below)

I request permission to substitute:

_____ for _____
 (Course number and name) (Course number and name)

Reason(s) for request: _____

Approval of Request for Course Substitution
 (Not required for blanket substitutions)

 Advisor

 Instructor

 VP of Academics & Student Services /CAO

 Dean/ Department Chair

ACA-122 for ACA-115 BIO-175 for BIO-275 BIO-275 for BIO-175 BIO-165/166 for BIO-168/169 BIO-165/166 or BIO-168/169 for BIO-163 CIS-110 for CIS-113	CIS-110 for CTS-115 (Cosmetology) ENG-111 for ENG-101 ENG-113 or ENG-114 for ENG-112 HEA-110 for NUT-110 (not applicable for nursing program) MAT-140/A for MAT-143 MAT-140/A or MAT-143 for MAT-110	MAT-151/A for MAT-152 MAT-161/A for MAT-171 MAT-175 for either MAT-171 or MAT-172
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