

Naugatuck Valley Community College

Course Substitution Request Form

Student: Please complete items one (1) through nine (9) and forward to the Division Leader of your academic program. If the course falls under the division offering the program, then items ten (10) and eleven (11) should be signed by the same Division Leader. If substitution involves a **transfer course**, the course must be graded "C" or higher and must be currently posted to the student's NVCC transcript--(unless student is applying for Allied Health program from outside NVCC).

1. Student Name (last) _____ (first) _____ Student ID# _____
 2. Address (street) _____

_____ (City) _____ (State) _____ (Zip) _____ (Phone) _____

3. Academic Program: _____
 4. Required Course: (**EXACT** number and title) _____
 5. Substitute Course: (**EXACT** number and title) _____
 6. If transferred from another institution, please list school: _____
 7. Reasons for Substitution: _____
 8. Gen Ed Competency/Attribute—(if applicable): _____

9. Signature of Student _____ Date _____

10. STUDENT PROGRAM APPROVAL

☐ Approved
☐ Denied

Division Leader Signature-- _____ Date: _____

If request is **denied**, return to student with explanation (detailed below).

If request is **approved**, Division Leader signs and forwards to division offering **required course**.

11. COURSE SUBSTITUTION APPROVAL

☐ Approved
☐ Denied

Division Leader Signature-- _____ Date: _____

If request is **denied**, return to student with explanation (detailed below). Return to Division Leader offering **student program**. If request is **approved**, Division Leader signs and forwards to **Office of the Registrar**.

NOTE: Maximum of THREE (3) substitutions allowed. Any additional substitutions require approval of Dean of Academic Affairs.

☐ Check here if substitution limit waiver approved by Dean of Academic Affairs.