PENSACOLA STATE COLLEGE Course Substitution Request – Effective Catalog Adjustment Request

Does the Office of Financial Aid/Veterans Affairs need to be notified? \Box Yes \Box No

Pensacola State College Student ID		Last Name			First		MI
Address	City	State		Zip	@students.PensacolaState.Edu Pirate Mail Address		
Program of Study			\Box AA	□ AAS	\Box AS	□ Certificate	□ Baccalaureate

Complete the appropriate section of the form below. The College Registrar makes final decisions for course substitution requests and effective catalog adjustment requests. The student will be notified of the decision by a message to his/her Pirate Mail account.

Course Substitution Request (Use another form if requesting more than three substitutions)						
Required Course (Number and Title)	Requested Substitution (Number and Title)					
Justification/Reason to use a different course other than the course required in the program						

Effective Catalog Adjustment Request						
Catalog Requirements in effect at this time Requested			Catalog			
Justification/Reason to use a different catalog other than the one in effect when you began the program						
Student Signature			Date			
	The student is responsible for checking Pirate Ma	ail for decision.				
Advisor Review			Date			
	□ Support student's request □ Do	not support request				
Department Hea	1		Date			
	□ Approve request □ Disa	approve request				
	Reason(s) for disapproval					
Registrar Use Only						
Registrar Signatus	e		Date			
	\Box Approved \Box Approved with modification	□ Disapproved				
Comments						