

Miami Dade College
COURSE SUBSTITUTION REQUEST FORM

(Initiated by the Academic Department of the Required Course)

STUDENT NAME:

TELEPHONE:

DEGREE TYPE:

PROGRAM OF STUDY TITLE:

PROGRAM OF STUDY CODE:

ADMITTED TERM:

ANTICIPATED GRADUATION TERM:

RATIONALE FOR COURSE SUBSTITUTION (A RECENT DEGREE AUDIT MUST ACCOMPANY FOR PROCESSING PURPOSES):

COURSE (OR COURSES) REQUIRED AND THE REQUESTED COURSE SUBSTITUTION:

SUBJECT AREA (COMMUNICATIONS, MATHEMATICS, ETC.)	REQUIRED COURSE (NUMBER AND TITLE)	CREDITS (REQUIRED COURSE)	SUBSTITUTION COURSE REQUESTED	CREDITS (REQUESTED COURSE)

REQUIRED ACADEMIC APPROVALS

PRINT NAME	TITLE	DATE	SIGNATURE*
	DEPARTMENT CHAIR / PROGRAM MANAGER		
	DEAN OF FACULTY (CAMPUS)** WEST		
	DEAN OF ACADEMIC SCHOOL (COLLEGEWIDE)		

*ELECTRONIC SIGNATURES ACCEPTED

**Medical Campus does not require Dean of Faculty signature.

PROCESSED IN MDCONNECT

PRINT NAME	TITLE	DATE	SIGNATURE
	DEPARTMENT CHAIR / PROGRAM MANAGER		