# Request for Course Substitution

## 

## Student Information

Name: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

Major/Program: Click or tap here to enter text.

Academic Advisor: Click or tap here to enter text.

## Reason(s) for Substitution (check all that apply)

Required course is no longer offered due to curriculum change.

Course taken at another college matches student learning outcomes and course description but does not share the same name, course number, or ACTS equivalency.

Required course is inaccessible based on an evaluation facilitated by accessibility services.

Other – Please use the “Justification for Substitution” section below for a detailed explanation.

## Required Course Information

Course Name: Click or tap here to enter text.

Course Number: Click or tap here to enter text.

Is this course on the Arkansas Course Transfer System (ACTS)? Choose an item.

* For more information on ACTS, including course listings and descriptions please visit [ADHE ACTS Information](https://adhe.edu/students-parents/transfer-info-for-students).

Course Learning Outcomes:

Click or tap here to enter text.

## Requested Substitution Course Information

Course Name: Click or tap here to enter text.

Course Number: Click or tap here to enter text.

Course Learning Outcomes:

Click or tap here to enter text.

## Crosswalk of Learning Outcomes

|  |  |
| --- | --- |
| Required Course Outcomes | Substitution Course Outcomes |
| Click or tap here to enter text. | Click or tap here to enter text. |

## Justification for Substitution

Please provide a detailed justification for this course substitution.

Click or tap here to enter text.

## Additional Documentation

Please attach any supporting documents such as official transcripts, course descriptions, course syllabi, etc. It is the student’s responsibility to provide necessary documentation.

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Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Navigator Date

## Signatures and Approvals

Approved: \_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Dean: Date:

Approved: \_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chancellor for Academic Affairs Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Date Processed