

**PROGRAM COURSE SUBSTITUTION FORM** (revised 07/05/2019)

Student completes Step I items 1 through 6 and submits this form to the Enrollment Center in Danvers or Student Success Center in Lynn. The student will be notified in writing of the outcome and rationale, if applicable, by the Enrollment Center within 35 working days of the request. Supporting documentation may be requested at a later date.

**STEP I – Student**

- 1. Student Name \_\_\_\_\_ NSCC ID or DOB#: \_\_\_\_\_
- 2. Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_
- 3. Phone: \_\_\_\_\_ Program of Study: \_\_\_\_\_
- 4. Required Course # and Title in program of study: \_\_\_\_\_ Credits: \_\_\_\_\_
- 5. Proposed Substitute Course # and Title: \_\_\_\_\_ Credits: \_\_\_\_\_
- 6. Reason for Request
  - \_\_\_\_\_ Material has been covered by a course transferred from another institution.\*  
\*Attach course descriptions as needed
  - \_\_\_\_\_ Another course with appropriate depth and benefits has been taken at NSCC.
  - \_\_\_\_\_ A comparable course has been transcribed through the Center for Alternative Studies.
  - \_\_\_\_\_ Program curriculum revision has made it difficult to complete the required course.
  - \_\_\_\_\_ Reasonable accommodation for student with documented disability.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff/Advisor/Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP II – Enrollment and Student Records**

- Student is matriculated in a Program of Study: .....Yes No
- Course listed in item #4 is required in the Program of Study: .....Yes No
- Substitute course listed in item #5 has been or is available to be transcribed at NSCC: .....Yes No
- Substitute course listed in item #5 will provide equal or greater credits than required course: .....Yes No

Comments: \_\_\_\_\_

Registrar or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Reasonable Accommodation request – Accessibility Services:**    Approved            Disapproved

Accessibility Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP III – Program Coordinator/Department Chair of program of study**

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved – Reason \_\_\_\_\_

Program Coord/Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP IV – Program Coordinator/Department Chair of required course**

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved – Reason \_\_\_\_\_

Program Coord/Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP V –Director/Asst Dean/Dean of Program of Study and Director/Asst Dean/Dean of required course**

Director/Asst Dean/Dean of program of study: \_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved – Reason \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Asst Dean/Dean of required course: \_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved - Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP VI – Vice President for Academic Affairs – Final Approval/Disapproval**

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved – Reason \_\_\_\_\_

Vice President for Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP VII – Enrollment and Student Records for processing** - Student informed on (date): \_\_\_\_\_