

PROGRAM COURSE SUBSTITUTION FORM (revised 09/29/2020)

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#: _____ 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 Name (print) _____ 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: _____

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): _____