



Kirtland Community College
Office of the Registrar

COURSE SUBSTITUTION REQUEST FORM

Student Name: _____ Student ID: _____ Date: _____

Program of Study: _____ Semester of Completion: _____

Course Required for Program:

Course #	Title	Credit hours
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Request to substitute the following course for the course listed above:

Course #	Title	Semester taken	Credit hours
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Please keep in mind that if the course that is being substituted is not the same number of credit hours as the course it is replacing, there may be a credit hour deficiency that must be met for graduation in a particular program.

Reason for Substitution: _____

Advisor Signature: _____

Please forward the completed form to the administrator who oversees the student's program of study.

RECOMMENDED: ☐

NOT RECOMMENDED: ☐

Comments: _____

Administrator Approval: _____ Date: _____

REGISTRAR'S OFFICE

Registrar/Staff Signature: _____

Course substitution posted date: _____ Email to student date: _____

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