



# COURSE SUBSTITUTION REQUEST

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

GCC ID#: \_\_\_\_\_

Program: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Recommendation for a course waiver is made by the Department Chairperson or academic advisor. For each course waiver there must be an accompanying recommended course substitution. Credit requirements cannot be waived. Course must have a grade of "C" or better to qualify.

			Grade
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____

I have read and I understand the course substitution process and policies as explained in the Guam Community College Academic Catalog.

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

Advisor/Counselor

☐ Approved ☐ Disapproved

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

Department Chairperson

☐ Approved ☐ Disapproved

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

Dean

☐ Approved ☐ Disapproved

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