



COURSE SUBSTITUTION FORM

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Phone #: _____ Email: _____

Program of Study: _____ Catalog Year: _____

☐ I plan to transfer from NPC to: _____

COURSE SUBSTITUTION INFORMATION

Required Course	
Course #	Course Name

Substitute Course	
Course #	Course Name

Rationale:

APPROVALS

Transfer Degree Course Substitution: _____ NPU Director or Registrar _____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date	All Other Course Substitutions: _____ Dean, Division Chair, or Registrar _____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date
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Comments:

Return to the Office of the Registrar

Registrar

Date: _____