



REQUEST FOR COURSE SUBSTITUTION

Internal and External Substitutions

INSTRUCTIONS: PLEASE FILL OUT ELECTRONICALLY, PRINT AND SIGN. IF SUBSTITUTION IS APPROVED BY BOTH CHAIR AND DEAN – EMAIL SIGNED, SCANNED FORM TO REGISTRAR@DALTONSTATE.EDU. IF DISAPPROVED, EMAIL TO ACADEMICAFFAIRS@DALTONSTATE.EDU.

Student Name _____ DSC ID # _____

Address _____
Street City State Zip

Degree/Program _____ Expected Term of Graduation _____

Advisor making request _____ this form must be accompanied by documentation (i.e., course description, syllabus, or outside agency if international) from the institution where the course was initially taken.

Required DSC Course _____

Substituted Course Designation and Title _____

Institution _____ Grade _____ Credit Hours _____

Comments _____

Chair for required DSC Course (printed name) _____

Approve Disapprove **Signature** _____ **Date** _____

Comments _____

Dean for required DSC Course (printed name) _____

IF APPROVED, EMAIL SIGNED, SCANNED FORM TO REGISTRAR@DALTONSTATE.EDU

Approve Disapprove **Signature** _____ **Date** _____

Comments _____

Provost/VPAA REQUIRED ONLY IF REQUEST IS DISAPPROVED BY CHAIR AND/OR DEAN. IF REQUIRED, EMAIL SIGNED, SCANNED FORM TO ACADEMICAFFAIRS@DALTONSTATE.EDU

Approve Disapprove **Signature** _____ **Date** _____

Comments _____