



Course Substitution Request Form

Complete one form per certificate.

TO BE COMPLETED BY NONCREDIT ENROLLMENT SERVICES

Student Name: _____

Student ID#: _____

COC Email Address: _____@my.canyons.edu

Catalog Year: _____

Certificate Name: _____

Program Code #: _____

Substitution is for the following: AA/AS AA-T/AS-T Certificate

Term/Year of Anticipated Program Completion: Fall _____ Spring _____ Summer _____

COC Course Requirement	Course taken to meet requirement	Accredited Institution of other course	Grade

Student Signature _____

Date _____

This substitution request is submitted on behalf of the student. I have attached course descriptions and supporting documentation.

(Print) Name of Office Staff Processing Form	Date Received by Office Staff
Office Staff Phone Extension	Date sent to Department Chair of Program

TO BE COMPLETED BY DEPARTMENT CHAIR OR DESIGNEE

Check box if Approved

If DENIED, please provide a reason: _____

Substitution with the following alternative COC course(s) APPROVED: _____

APPROVAL SIGNATURES:

Department Chair of Program Signature: _____ Date: _____

Dean Signature: _____ Date: _____

NONCREDIT ENROLLMENT SERVICES (Requirements modified in Colleague)

Office Staff Signature: _____

Date: _____