

Carteret Community College

3505 Arendell Street, Morehead City, NC 28557-2989



COURSE SUBSTITUTION RECOMMENDATION

Student Name: _____

College ID: _____

Program of Study: _____

Degree: Associate
Diploma
Certificate

Instructions: This form should be completed by the student or Academic Advisor and approved with required signatures. After securing signatures, Academic Advisor should forward to appropriate Division Director for approval before forwarding to the Registrar for processing.

Required Course		Substituted Course		Requirement from Academic Evaluation
Course Prefix & No.	Semester Hours	Course Prefix & No.	Semester Hours	

Registrar Staff Signature: _____

Date: _____

Advisor Name: _____

Advisor Signature: _____

Date: _____

Academic Director Name: _____

Academic Director Signature: _____

Date: _____

Policy 3.13. Course Substitution:

Students are required to take the courses listed in their curriculum. If for some reason, a certain course is not available or cannot be taken by the student, the substituted course must be of the same level of difficulty, comparable number of credit hours, and category as of those being substituted. Required "core" courses may not be substituted and must be taken. The core courses are indicated in the Programs of Study section of this catalog by being listed in **bold** and being **CAPITALIZED**.

Notification: Registrars Office, Student, Advisor, Division Director

An Equal Opportunity Education Intuition Serving the Community without Regard to Race, Creed, Sex, National Origin, or Disability