

# COURSE SUBSTITUTION REQUEST FOR MAJOR OR CERTIFICATE PROGRAM REQUIREMENT

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If a student has **not met a major and/or certificate requirement** as outlined in the college catalog and website and wishes to substitute a course, the student must submit a **Course Substitution Request** form to the academic department Chairperson and Dean for approval.

Students are responsible for following the procedures outlined below and should contact an SRJC Counselor at (707) 527-4451 to determine which courses may fulfill the requirements of the major or certificate.

## ▼ Instructions & Procedures ▼

If the student has attended **other regionally accredited institutions**, official transcripts are required to be on file or submitted to the Admissions, Records and Enrollment Development Office to support any course substitution.

Substitution requests apply to the stated major or certificate **only** and not to any of the SRJC General Education patterns (Options A, B, or C) nor any other SRJC major or certificate program.

Course substitutions are accepted on a course-for-course basis in a program. If multiple course substitutions are needed, a separate request for each course requirement in a major or certificate program should be submitted for review.

1. It is the student's responsibility to obtain the following and attach these documents to the request form:
  - a) A copy of the transcript verifying completion of the course (must be a grade 'C' or better) requested for substitution;
  - b) A course description of the course(s) requested for substitution. The department may request additional information (i.e. course syllabus, outline).
2. The student must **submit the substitution request form along with all supporting documentation to the [department chair of the sponsoring major or certificate](#)** for review. **Do not turn in forms to the Admissions, Records & Enrollment Development Department Office.** Only forms with the appropriate department chair and dean signatures will be processed.
3. After review, the **department chair will forward** the request to the **dean for final approval.**
  - a) **AREA MAJORS ONLY:** If a course substitution request is for the Humanities, Natural Sciences or Social and Behavioral Sciences area majors, the **request form and supporting documents are submitted to the area dean only.** The department chair ***is not required*** to sign the substitution form.
4. The **dean will review and return the request** with all necessary signatures to the Admissions, Records and Enrollment Development Office for processing.
5. The Admissions, Records and Enrollment Development Office will process the request and notify the student regarding the substitution request status.



Office of Admissions, Records & Enrollment Development  
 1501 Mendocino Avenue Santa Rosa CA 95401-4395  
 Telephone (707) 527-4517 Fax (707) 527-4791

## Course Substitution Request for Major and/or Certificate Program Requirement

Substitution requests apply to the stated major or certificate **only** and not to any of the SRJC General Education patterns (Options A, B, or C) nor any other SRJC major or certificate program.

NAME (Last, First)	STUDENT ID	TODAY'S DATE	
MAILING ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS		PHONE NUMBER	
COURSE SUBSTITUTION REQUESTED FOR: <input type="checkbox"/> MAJOR <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> BOTH <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AA-T <input type="checkbox"/> AS-T			
Degree Title: _____			
Certificate Title: _____			
Term/Year of Completion: _____			
<b>I request permission to substitute:</b>			
_____	_____	_____	_____
Course Title/Number	Units	Transfer Institution Course completed at (if applicable)	Term & Year
Grade			
<b>For <u>required</u> course in major and/or certificate:</b>			
_____		SRJC Course Title and Number	Units
<b>Explain why this substitution is appropriate; must attach supporting documentation:</b>			
Student Signature: _____			Date: _____

**◆ FOR ACADEMIC DEPARTMENT USE ONLY ◆**

Request Approved  Request Denied

Reason: \_\_\_\_\_

\_\_\_\_\_

Department Chair (Please print name)

\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward request to the dean / supervising administrator for final approval.**

Request Approved  Request Denied

Reason: \_\_\_\_\_

\_\_\_\_\_

Dean (Please print name)

\_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

**After review and signature, forward request to the A&R Office.**

Student Notified: \_\_\_\_\_ Date: \_\_\_\_\_

SIS  Ltr.  Major By: \_\_\_\_\_

OK TO USE UPPER DIVISION