

ALL PORTIONS OF THIS FORM MUST BE COMPLETED BEFORE SUBMISSION

Student Information

Student Name: _____ Semester Month/Year (mm/yyyy): _____
 Student ID Number: _____ Program: _____
 GPA: _____

Course Substitution or Pre-Requisite Waiver

<i>Required Course or Pre-requisite Course</i>	<i>Substituted Course</i>
Course Code: _____	Course Code: _____
Course Title: _____	Course Title: _____

Justification:

Signatures

*Form should be submitted with **BOTH** the Academic Advisor and Chairperson Signature before being submitted to Registrar@ftc.edu

Academic Advisor Name (Print): _____	
Signature: _____	Date: _____
Chairperson Name (Print): _____	
Signature: _____	Date: _____
Provost Name: Carolann Miller	
Signature: _____	Date: _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provost Comments: _____	

