

ALL PORTIONS OF THIS FORM MUST BE COMPLETED BEFORE SUBMISSION

Student Information

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

Course Substitution or Pre-Requisite Waiver

Required Course or Pre-requisite Course

Requested Course or Substituted Course

Course Code:
Course Title:

Course Code:
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: _____	

