

Request for Course Substitution-Associate Degree for Transfer
Complete form and submit to the BC Articulation Office (CSS, 1st Floor)



PRINT CLEARLY FOR MAILING:

BC ID Number _____

Date _____

Address _____

Student Name (Last, First) _____

City, State, Zip _____

Contact Number _____

First Year Attended _____

Expected graduation date _____

Declared Major _____

Catalog Year _____

Degree Category AA-T AS-T

A substitution is requested for the following course(s) or requirement(s):

Required Course Name	Required Course Number	Required Course Units

Substitution Course Number	Substitution Course Units	Substitution Course Name

NOTE: YOU MUST ATTACH TRANSCRIPTS, COURSE DESCRIPTIONS AND/OR SYLLABUS IF SUBSTITUTING COURSEWORK FROM ANOTHER INSTITUTION.

Reason for Request: (submit course descriptions and documentation if appropriate)

Student Signature: _____ Date: _____

FOR ARTICULATION OFFICE USE ONLY:

Date: _____ Approve Submission Request Decline Submission Request

Printed Articulation Officer Name: _____ Articulation Officer Signature: _____

Comments: _____

NOTE: BOTH SIGNATURES REQUIRED: ADT MAJOR FACULTY CHAIR AND DEPARTMENT DEAN.

Request Approved Request Denied Request for more Information

Identify additional information requested:

Printed Faculty Chair Name: _____ Faculty Chair Signature: _____

Request Approved Request Denied Request for more Information

Identify additional information requested:

Printed Department Dean Name: _____ Department Dean Signature: _____