

# Request for Course Substitution

## Associate Degree for Transfer



Complete form and submit to [articulation@bakersfieldcollege.edu](mailto:articulation@bakersfieldcollege.edu).

Attach transcripts, course descriptions and/or syllabus if coursework is from another institution.

Student Name (First and Last)

Date

BC ID Number

Contact Number

First Year Attended

Declared Major

Catalog Year

Expected Graduation Date

Degree Category

AA-T

AS-T

Required Course Number	Required Course Title	Required Course Units	Requirement (C-ID, AAM, GECC, BCT, Other)	Substitution Course Number	Substitution Course Title	Substitution Course Units

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

Student Signature

Date:

**For Articulation Office Use Only:**

Approve Request

Deny Request

More Information Needed

Comments:

Articulation Officer Name

Articulation Officer Signature

Date

Approve Request

Deny Request

More Information Needed

Department Chair Name

Department Chair Signature

Date

Approve Request

Deny Request

More Information Needed

Dean or VP Name

Dean or VP Signature

Date