New River Community College  
Course Substitution Form

Name_______________________________________________  Student ID___________________________

Plan of Study_______________________________________________________________________________

<table>
<thead>
<tr>
<th>Course Substitution</th>
<th>Course Requirements</th>
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<tbody>
<tr>
<td>Subject</td>
<td>Course Nbr</td>
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NRCC catalog year being used for course substitution______________________________________________

How many courses have been substituted previously?_______________________________________________

Reason for substitution_______________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Student Signature_________________________________________________ Date______________________

Faculty Advisor Signature___________________________________________ Date_____________________

Division Dean Signature____________________________________________ Date_____________________

*Students receiving veterans benefits may need approval from the NRCC Veterans Office.

Admissions Office:

Received by______________________________________________________ Date_____________________