



LAWSON STATE COMMUNITY COLLEGE
Office of Vice President for Instructional Services

**COURSE SUBSTITUTION
FORM**

*Directions: Substitutions for college transfer programs should correspond to recommendations from the Alabama General Studies Committee (AGSC) guidelines. Course substitutions must be approved **before** the course is taken. A copy of approved course substitutions must be submitted with the application for graduation.*

Student's Name: _____ SSN: _____

Program of Study: _____ Date: _____

Advisor's Name: _____

(List Prefix, Number, and Abbreviated Title)

Required Course	Term/Date Taken	Proposed Substitution

Reason for Substitution: _____

Comments:

I am aware that the substitution of the course listed above does not guarantee the approval of any institution(s) to which I may transfer.

Signature: _____ Student

Signature: _____ Advisor

Signature: _____ Department Chairperson

Signature: _____ Dean

APPROVED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature: _____ Vice President for Instructional Services