



Technical College of the Lowcountry Course Substitution Form

Name _____ Date _____
SSN/Student ID# _____ Term _____
Curriculum _____

Course Required		Course Substituted			Grade Rec'd
Prefix No.	Title	Cr.	Prefix No.	Title	Cr.

Comments _____

1. Academic Advisor Signature _____ 3. VP Academic Affairs Signature _____
2. Department Head Signature _____

Instructions: 1) Please print clearly 2) Route form in order of signatures (1,2,3,4) with form ending last in office of Student Records.