



Harry S Truman College

One of the City Colleges of Chicago

Office of the Registrar

Course Substitution Request Form

Last Name	First Name	Middle Initial
Street Address	City	Zip Code
Student ID	Phone Number	

Degree: (Circle One) **AA AS AES AAS AGS CERT**

I hereby request consideration for a course substitution as follows: (A copy of transcript must be attached with this form)

Student Signature		Date:
(To be completed by authorized personnel)		
Required Course	Substituted Course	
Required Course	Substituted Course	
Justification		
Approval Authorization		
Vice President of Academic and Student Affairs	Date	
Dean of Instruction	Date	
Department Chair	Date	