



# Walla Walla Community College Course Substitution Form

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Degree     Certificate Program \_\_\_\_\_

NOTE: When a course is substituted, the program credit requirements are NOT waived. A course needs to be substituted to meet the total required program credits.

REQUIRED COURSE				SUBSTITUTED COURSE					
Course	Number	Title	Credits	Course	Number	Title	Where Taken	Credit	WWCC Credit

Reason:

  
  
  
  
  
  
  
  
  
  

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Faculty/Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Division/Director Signature \_\_\_\_\_

Date \_\_\_\_\_

*Approved*                      *Disapproved*

V.P. of Instruction Signature \_\_\_\_\_

Date \_\_\_\_\_

Reason for Disapproval