

NEW COLLEGE OF CALIFORNIA-TEACH OUT 2008

777 Valencia Street, San Francisco, Ca. 94110: FAX: (415) 626-5174

STUDENT REQUEST FOR COURSE SUBSTITUTION

Students: Please type or print in ink the following information and submit to your Advisor or Chairperson before or by May 10th, 2008 in order to assure the timely processing and response to your request for course substitutions.

Student's name \_\_\_\_\_

Student's ID number: \_\_\_\_\_ Student's e-mail address: \_\_\_\_\_

Student's advisor/chairperson: \_\_\_\_\_ A/C e-mail address: \_\_\_\_\_

Number, title, and unit credit of NCOC course(s) to be replaced: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Number, title and unit credit of course(s) student wishes to substitute for the above course(s) \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

If courses used for substitution are from another institution, please provide here or by attachment that course description as well as course title and unit credits given for course. \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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Student Request: (Submit request to Advisor/Chairperson)

Please approve the course substitutions described above.

Signature of Student \_\_\_\_\_ Date of Request \_\_\_\_\_

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Advisor/Chairperson Approval:

Approved Returned to Student for more information Denied
Advisor: Please forward signed form to CAO Office before May 20th, 2008 to insure timely response to student request.
Signature of Advisor/Chair \_\_\_\_\_ Date of Decision \_\_\_\_\_

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CAO Review:

Approved Returned to Advisor/Chair for more information Denied

Signature of CAO \_\_\_\_\_

Date of Decision \_\_\_\_\_

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Registrar's Action:

Approved request received: date \_\_\_\_\_

Instructor notified by e-mail: date \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Date of Filing in student folder: \_\_\_\_\_