



# Request to Substitute a Course for Noncredit Certificate

Complete one form per certificate.

## TO BE COMPLETED BY ENROLLMENT SERVICES FOR PPL

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

COC Email Address: \_\_\_\_\_@my.canyons.edu Catalog Year: \_\_\_\_\_

Certificate Name: \_\_\_\_\_ Program Code #: \_\_\_\_\_

Substitution is for the following: ☐ AA/AS ☐ AA-T/AS-T ☐ Certificate

Term/Year of Anticipated Program Completion: ☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

COC Course Requirement	Course taken to meet requirement	Accredited Institution of other course	Grade

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

Date \_\_\_\_\_

This substitution request is submitted on behalf of the student. I have attached course descriptions and supporting documentation.

(Print) Name of Office Staff Processing Form	Date Received by Office Staff
Office Staff Phone Extension	Date sent to Department Chair of Program

## TO BE COMPLETED BY DEPARTMENT CHAIR OR DESIGNEE

☐ Check box if Approved

If **DENIED**, please provide a reason: \_\_\_\_\_

Substitution with the following alternative COC course(s) **APPROVED**: \_\_\_\_\_

### APPROVAL SIGNATURES:

Department Chair of Program Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## ENROLLMENT SERVICES FOR PPL OFFICE (Requirements modified in Colleague)

Office Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_