Request for Course Substitution on Basis of Verified Disability

Apply the substitutions below to the following degrees/certificates:

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>STUDENT G#</th>
<th>DEG/CERT*</th>
<th>ELIGIBLE CAT. YR.*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

* Substitutions are applied only to the degree/certificate and catalog year listed.

<table>
<thead>
<tr>
<th>REQUIRED COURSE</th>
<th>SUBSTITUTED COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURSE NUMBER</td>
<td>COURSE NUMBER **</td>
</tr>
<tr>
<td>COURSE TITLE</td>
<td>COURSE TITLE **</td>
</tr>
<tr>
<td>CR. HRS.</td>
<td>CR. HRS.</td>
</tr>
<tr>
<td>Rationale Code (or explain):</td>
<td>TRANSFER SCHOOL:</td>
</tr>
</tbody>
</table>

**If transfer course, list the PCC course equivalency in the Substituted Course section.

Rationale Codes:
1. Courses have similar enough outcomes sufficient to meet overall degree/certificate outcomes.
2. Student has met course outcomes through employment, life experience, or prior coursework.
3. Substituted course is more advanced than requirement and sufficient to meet overall degree/certificate outcomes.

THE FOLLOWING STAFF, FACULTY, AND ADMINISTRATORS WILL REVIEW THE REQUEST IN CONCERT AND APPROVE ONLY IF THE SUBSTITUION DOES NOT FUNDAMENTALLY ALTER THE OUTCOMES OF THE DEGREE/CERTIFICATE.

☐ Approved  ☐ Not Approved (attach rationale if not approved)

Disability Services Counselor/Practitioner Signature:

__________________________________________________________  Date: __________

Career-Technical Department Chair Signature (if substitution is within a CTE degree/certificate only):

__________________________________________________________  Date: __________

Subject Area Committee Representative Signature (Subject Area Committee for Required Course):

__________________________________________________________  Date: __________

Subject Area Committee Representative Signature (Subject Area Committee for Alternate Course):

__________________________________________________________  Date: __________

Dean of Instruction Signature

__________________________________________________________  Date: __________

Apply the substitutions below to the following degrees/certificates:

Office Use Only: Evaluator’s Initials __________ Date_________