



RIO HONDO COLLEGE REQUEST FOR SUBSTITUTION

PLEASE COMPLETE TOP PORTION, OBTAIN COUNSELOR'S SIGNATURE AND RETURN TO ADMISSIONS AND RECORDS.
(Please complete one form per class)

Date _____ I.D. # _____ Birth date _____

Name _____
Last First Middle

EMAIL (required) _____ Phone _____

Goal: DEGREE. _____ CERTIFICATE OF ACHIEVEMENT _____

Major _____ Catalog Year _____

Request for (check one):

☐ Substitution for a general education requirement

☐ Substitution for a requirement in the major

General Education Area: _____

Required major course: _____

Substitute with:

Course _____ From _____ When _____ Grade _____

Reason _____

THIS SUBSTITUTION WILL NOT CHANGE THE NUMBER OF UNITS REQUIRED FOR THE MAJOR OR GRADUATION.

****DOCUMENTATION REQUIRED: OFFICIAL TRANSCRIPTS MUST BE ON FILE IN ADMISSIONS & RECORDS**
COURSE DESCRIPTION MUST BE ATTACHED TO THIS FORM

NOTE: THIS REQUEST WILL NOT BE PROCESSED IF REQUIRED DOCUMENTATION IS NOT ATTACHED.

Student's signature

Reviewed by: _____
Counselor signature (required)

Date

Comments: _____

Routing sequence (GE only): Admissions → Articulation Officer → Admissions
Routing sequence (Major only): Admissions → Dept Faculty → Dept Dean → Admissions

Class is: ___ Lower Division ___ Upper Division Institution is: ___ Accredited ___ Non-accredited

Approve Deny Date Reason for denial

Articulation Officer (GE only): _____

Discipline Faculty (Major only): _____

Division Dean (Major only): _____

Date Received

Date Returned

Admissions & Records: _____

revised 03/19/14

Original for Admissions

Copy for Student

FOR OFFICE USE ONLY

Exception Type:

Comments:

Force complete _____

Substitution _____

Also Allow _____

Apply Here _____

Date _____