



Course Substitution Request

LFCC Records / Office of the Registrar · 173 Skirmisher Ln · Middletown, VA 22645
 Telephone: 540-868-7105 Email: records@lfcc.edu Fax: 540-868-7005

PART I: (Completed by student)

Student ID# _____ Date of birth _____

Name _____

Last

First

Middle

Email _____@email.vccs.edu Phone _____

PART II: (Completed by student and advisor) ALL FIELDS MUST BE COMPLETED

I request that the following course substitutions be approved to fulfill the requirements of the academic plan indicated below. I understand that this substitution does not guarantee the future transferability of any course to any other college or university. It is my responsibility to determine transfer acceptance if desired.

My LFCC academic plan is: _____

* ADVISEMENT REPORT MUST BE ATTACHED TO COMPLETE PROCESSING*

Substituted course			Required course			When taken		Dean/AVP
Subject	Course #	Credits	Subject	Course #	Credits	Semester/Year	Grade	Approved Yes/No

Student Signature: _____ Date: _____

I voluntarily consent to the use of an electronic record of my LFCC student file. I acknowledge that, by logging into the MYLFCC system with my unique credentials and e-mailing from my @email.vccs.edu account to provide LFCC with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

Justification: _____

Advisor name (printed) _____ Advisor signature _____ Date _____

PART III: (Completed by Academic Dean or AVP)

Faculty signature (if applicable) _____ Date _____ Academic Dean/AVP's signature _____ Date _____

Student notified: Initials _____ Date _____

If not approved, provide reason: _____

Electronic signature verified by: _____	For office use only Processed by: _____	Date _____
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