

FLORIDA KEYS COMMUNITY COLLEGE

Course Substitution Request-Catalog Curriculum Modification Request

The student must attach the following documents to this request

- Degree audit from DegreeWorks
- Unofficial transcript from institution course was originally taken at
- Syllabus for required course and requested substitution course
- Course description if not included in the syllabus

Student ID \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Program of Study \_\_\_\_\_

Complete the appropriate section of the form below. The Provost makes final decisions for course substitution requests and effective catalog adjustment requests. The student will be notified of the decision by a message to his/her MyFKCC email account.

Course Substitution Request (Use another form if requesting more than three substitutions)	
Required Course (Course prefix, number and title)	Requested Substitution (Course prefix, number and title)
Justification/Reason to use a different course other than the course required in the program	

Catalog Curriculum Modification Request	
Required Course _____	Recommended Course _____
Justification/Reason to use different curriculum other than the one in effect when you began the program _____	

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Support student's request       Do not support request

Subject Matter Expert's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approve request       Disapprove request      Reason for disapproval \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approve request       Disapprove request      Reason for disapproval \_\_\_\_\_

Provost's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approve request       Disapprove request      Reason for disapproval \_\_\_\_\_

Registrar Use Only:	
Entered into Degree Audit	
Date _____	Initials _____