



Florida Keys Community College

Course Substitution Request

Catalog Curriculum Modification Request

Competency Requirement Request

Student Number		Last Name		First Name	
Primary Program of Study				Request	

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

Course Substitution Request

Course X has the same learning outcomes as course Y.

Required Course		Recommended Course	
Gordon rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gordon rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For a substitution: Justification / Reason to use a different course other than the course required in the program.

Catalog Curriculum Modification Request

Course X has different learning outcomes than course Y, but meets the program requirements.

Required Course		Recommended Course	
Gordon rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gordon rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For catalog curriculum modification: Justification / Reason to use a different curriculum other than the one in effect when you began the program.

Student Life Skills Competency Requirement

Select all that apply and provide documentation for each.

<input type="checkbox"/> Demonstrated leadership	Comments	
<input type="checkbox"/> Transferred in >29 credits	Comments	
<input type="checkbox"/> Successful completion (grade of C or higher) in 3000 level or higher course	Comments	
<input type="checkbox"/> Completed similar course (Syllabus must be attached)	Comments	

Student Signature	Date
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Academic Advisor

Approve request

Disapprove request (list why in comments)

Comments /
Recommendations

Signature

Title

Date

Subject Matter Expert (if appropriate)

Approve request

Disapprove request (list why in comments)

Comments /
Recommendations

Signature

Title

Date

Academic Dean

Approve request

Disapprove request (list why in comments)

Comments /
Recommendations

Signature

Date

Vice President of Academic Affairs

Approve request

Disapprove request (list why in comments)

Comments /
Recommendations

Signature

Date

If approved, please forward to the registrar.

Registrar

Date Entered in Banner

Signature

Student and advisor notified via e-mail.

Request added to student file.