

Illinois Central College Substitution Request for Program Requirements

(Please Print)

Date of Request: _____ Student ID _____

Student Name: _____

Address: _____

Phone: _____ Email: _____

Applied Science

Certificate

Program of Study: _____

Course From: (Institution/Source if other than ICC) _____

Substitution Request:

Use Course _____ Credit hours _____

For (ICC course): Course _____ Credit hours _____

Reason: _____

Student Signature

Coordinator or Advisor Comments/Recommendations:

Print Name

Catalog of Record _____

Signature (required) Date

Academic Dean Comments/Recommendation:

Print Name

Approved: _____ Denied _____

Signature (required) Date

Please Forward to: Graduation, L211

For Office Use Only:

RG _____ RQ _____ L _____ CL _____