



Miami Dade College

COURSE SUBSTITUTION REQUEST

TO: Director of Advisement Services: North Kendall Wolfson
 InterAmerican Medical Homestead

FROM: _____

SUBJECT: **SUBSTITUTION FOR ASSOCIATE IN ARTS, ASSOCIATE IN SCIENCE AND PSAV CERTIFICATION PROGRAMS**

RE: _____
Student's Last Name, First Name Student Social Security Number

The above named student has applied for an A.A./A.S./PSAV degree/certificate in _____
Program Number: _____ Effective Term: _____

Under the course requirements set forth in the Degree Audit, this student is not eligible for the degree unless substitutions or waivers are made.

THIS FORM MUST BE ACCOMPANIED BY A CURRENT DEGREE AUDIT.

A. REQUIRED COURSE	B. AREA X (00X)	C. AMOUNT OF CREDITS	D. SUBSTITUTION COURSE	AMOUNT OF CREDITS
1.				
2.				
3.				
4.				
5.				
6.				

Signature of Department Chairperson _____
User ID: (ex. NUXXX) _____ (Required)

Date: _____

Please return to Academic Advisement