



Course Substitution Request

Laurel Ridge Records Office

173 Skirmisher Ln · Middletown, VA 22645

Telephone: 540-868-7105 Email: Records@laurelridge.edu Fax: 540-868-7005

PART I: (Completed by Student)

Student ID# _____

Date of Birth: _____

Name: _____

Last

First

Former

VCCS 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 Laurel Ridge 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 Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge 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 (print)

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: _____

For office use only

Electronic signature verified by: _____ Processed by: _____ Date: _____