



Hennepin Technical College™

COURSE SUBSTITUTION REQUEST FORM

Student Name: _____ Tech ID: _____
Last Name First Name Middle Name/Initial

Major: _____

Required course:

Course Subject/#	Course Title	# of Credits

Course substitution:

Course Subject/#	Course Title	# of Credits

Rationale: _____

Required course:

Course Subject/#	Course Title	# of Credits

Course substitution:

Course Subject/#	Course Title	# of Credits

Rationale: _____

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

For Office Use Only

Approved: _____

Denied: _____

Authorized Signature: _____ Date: _____