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:_____

SF_201802