**Substitution Petition Form**

**Directions**: The student must meet with an academic advisor, advocacy/DSS counselor, or College Success Navigator to complete the substitution petition form. Once the student and the appropriate staff have signed it, then it must be forwarded, **along with a copy of a degree audit and unofficial transcript,** to the appropriate academic dean. It **MUST** be the dean of the academic program and ALL signatures are required. The dean must also mark whether or not the petition is approved or denied.

The academic dean or associate emails the completed form **and attachments** to records@mccneb.edu

The form may only be utilized for MCC courses. Forms submitted to records without degree audit and unofficial transcript will not be processed.

**Processing time**: 1-2 weeks from the time that Records have received it from the academic dean. We process all forms in the order that we receive them. Please allow additional processing time during high volume periods (end or start of term, graduation, etc.).



**SUBSTITUTION PETITION**

*(To be used for MCC classes only)*

A petition for substitution must be completed with the assistance of a faculty advisor, counselor, academic advisor, or college success navigator. Substitutions are applicable only to your current course of study and may not apply if there is a change of major. **The Dean of the Program must grant approval** **and the required signatures must be obtained.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       | MCC ID #: |  |       |

I request the following course substitution for the program requirement as listed below:

**Proposed Course Substitution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CoursePrefix | CourseNumber | Course Title | CreditHours | Grade |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**To Replace MCC Program Requirement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CoursePrefix | CourseNumber | Course Title | CreditHours | Grade |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Detailed reason(s) for substitution: **(*Required*)**

|  |
| --- |
|  |
|  |

Student Signature **(*Required*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cat.Yr.\_\_\_\_\_\_ Active Program of Study

Advisor, Counselor, or College Success Navigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor, Counselor, or College Success Navigator’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus or Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Dean’s Signature **(*Required*)** Date
Approved Denied **(Required)**

**Academic Dean or Academic Associate: Please email form and attachments to** **records@mccneb.edu**

# **For Records Office Use Only**

Posted Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Records Staff*: \_\_\_\_\_\_\_\_\_\_\_\_\_*