



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar
300 Jay Street, Brooklyn, NY 11201
Telephone (718) 260-5800

REQUEST FOR COURSE SUBSTITUTION

Date: _____

To: _____
(SCHOOL DEAN)

From: _____
(DEPARTMENT CHAIRPERSON)

Subject: _____
(NAME OF STUDENT)

EMPLID: _____

Major: _____

I hereby request the following Course Substitution(s) for the above named student:

***NOTE: A MAXIMUM OF TWO (2) COURSE SUBSTITUTIONS ARE ALLOWED FOR ALL MAJORS**

Course(S) Required (AS PER STATEMENT OF REQUIREMENTS)	Credit	Course(s) to be Substituted	Credit

REMARKS: _____

Department Chair Signature: _____

ACTION OF SCHOOL DEAN:

APPROVED DENIED

COMMENTS: _____

School Dean Signature: _____

REGISTRAR USE ACTION:

APPROVED DENIED

Registrar Signature: _____

