El Camino College

SUBSTITUTION FORM

NAME: _____ Home Phone: _____

Social Security #: _____ Work Phone: _____

The above student is applying for:

_____ ASSOCIATE IN SCIENCE DEGREE _____ CERTIFICATE OF COMPETENCE

_____ ASSOCIATE IN ARTS DEGREE _____ CERTIFICATE OF COMPLETION

in the following major: _____

To fulfill requirements, I am approving the following substitutions in requirements as follows:

Requirement: _____ Substitution: _____

Requirement: _____ Substitution: _____

Requirement: _____ Substitution: _____

Requirement: _____ Substitution: _____

Other: _____

_____

Initiated by: _____ Date: _____
Counselor

☐ Approved ☐ Disapproved _____ Date: _____
Dean

☐ Approved ☐ Disapproved _____ Date: _____
Department

Comments: _____

_____

PLEASE KEEP THIS FORM IN STUDENT'S TRANSCRIPT FILE