Student Records/Graduation
Inter-Campus: DC, 4th Floor
records@pcc.edu

Portland Community College

Phone: 971-722-7100
Fax: 971-722-7135
records@pcc.edu

Request for Course Substitution on Basis of Verified Disability

Apply the substitutions below to the following degrees/certificates:

STUDENT NAME	STUDENT G#	DEG/CERT*	ELIGIBLE CAT. YR.*

*Substitutions are applied only to the **degree/certificate** and **catalog year** listed.*

REQUIRED COURSE			SUBSTITUTED COURSE		
COURSE NUMBER	COURSE TITLE	CR. HRS.	COURSE NUMBER **	COURSE TITLE **	CR. HRS.
Rationale Code (or explain):			TRANSFER SCHOOL:		☐ COMPLETED ☐ IN PROGRESS ☐ ANTICIPATED

If transfer course, list the **PCC course equivalency in the **Substituted Course** section.*

Rationale Codes:
1. Courses have similar enough outcomes sufficient to meet overall degree/certificate outcomes.
2. Student has met course outcomes through employment, life experience, or prior coursework.
3. Substituted course is more advanced than requirement and sufficient to meet overall degree/certificate outcomes.

THE FOLLOWING STAFF, FACULTY, AND ADMINISTRATORS WILL REVIEW THE REQUEST IN CONCERT AND APPROVE ONLY IF THE SUBSTITUION DOES <u>NOT</u> FUNDAMENTALLY ALTER THE OUTCOMES OF THE DEGREE/CERTIFICATE.

☐ **Approved**   ☐ **Not Approved (attach rationale if not approved)**

Disability Services Counselor/Practitioner Signature:

_____ *Date:_____*

Career-Technical Department Chair Signature (if substitution is within a CTE degree/certificate only):

_____ *Date:_____*

Subject Area Committee Representative Signature (Subject Area Committee for Required Course):

_____ *Date:_____*

Subject Area Committee Representative Signature (Subject Area Committee for Alternate Course):

_____ *Date:_____*

Dean of Instruction Signature

_____ *Date:_____*

Office Use Only: Evaluator's Initials _____Date_____