



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

Course Substitution Request Form

Full Name: _____

NetID: _____ GUID: _____

Phone: _____

Email: _____

Program: _____

Term: _____

Policy:

Students may request to count courses in a different CCPE open enrollment certificate program toward another comparable CCPE open enrollment certificate program.

Example: A candidate for the Certificate in Marketing petitions to substitute an International Business Management course for a Marketing elective.

- A proposed course substitution should be similar in subject matter and comparable in contact hours to ensure maintain academic rigor.
- Only an elective from the same curriculum can be substituted for a required course.
- Students requesting a course substitution should contact the program manager for the certificate they wish to pursue before enrolling.
- Students may not count courses towards more than one certificate or program.
- Georgetown CCPE retains the right to approve or deny substitution petitions based on academic standards.
- This policy does not apply to application programs for which course substitutions are prohibited.

Instructions:

1. Complete all required information
 2. Submit this form prior to course registration:
- **By Email** to ccpeprograms@georgetown.edu
 - **By Fax** to 202-784-7200
 - **In person** to the front desk, 640 Massachusetts Avenue NW, Washington, DC 20001

I request to substitute the following course from one CCPE open enrollment certificate program toward another:

Curriculum Course			Substitute Course		
Course name	Course number	Contact Hours	Course name	Course number	Contact Hours

Reason for Substitution Request: Provide a detailed rationale for approval of the transfer courses listed above.

I understand that to allow for substitution, the course must be similar in subject matter and comparable in the number of contact hours to ensure academic rigor is maintained.

Student Signature _____ Date _____

For office use only:

Petition Review (to be completed by university academic administrator)

Substitution request granted: Approved / Denied If denied, reason: _____

Official Name: _____ Signature: _____ Date: _____