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

Course Substitution Request Form

Full Name: _____

NetID: _____ **GUID:** _____

Phone: _____

Email: _____

Program: _____

Term: _____

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: _____

Received by: _____ Signature: _____ Date: _____

Reviewed by: _____ Signature: _____ Date: _____

*Add to student record in Destiny and edit certificate stream