Course Substitution Request Form

Full Name: __________________________
NetID: ________ GUID: ________
Phone: __________________________
Email: __________________________
Program: __________________________
Term: __________________________

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

<table>
<thead>
<tr>
<th>Curriculum Course</th>
<th>Substitute Course</th>
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**Reason for Substitution Request:** Provide a detailed rationale for approval of the transfer courses listed above.

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

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 __________________

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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*