



APPROVED INTERNAL COURSE SUBSTITUTION

(Internal course substitution for **Goodwin courses only.**)

Complete one form for **EACH** course approved for substitution, return form to the Transfer Coordinator.

This form is invalid without the signature of the Transfer Coordinator.

The following student has been given approval to substitute a course for a required course in his/her approved degree program

Student's Name: _____

First MI Last

Degree Program: (please check one)

Bachelors Degree Associates Degree Certificate

Major: _____

| Goodwin Department Code | Goodwin Course Number | Goodwin Course Title |
|-------------------------|-----------------------|----------------------|
| | | |

Is an approved substitution for:

| Goodwin Department Code | Goodwin Course Number | Goodwin Course Title |
|-------------------------|-----------------------|----------------------|
| | | |

Justification for Course Substitution:

Program Director/Curriculum Coordinator Signature

Date

Program Director/Curriculum Coordinator Signature

Date

Transfer Coordinator Signature

Date