

MASSASOIT

COMMUNITY COLLEGE

APPEAL FORM FOR COURSE SUBSTITUTION ONLY

(Only one course will be accepted per form.)

Student Name (Print):	Today's Date (MM/DD/YY):
Student Name (Signature):	Student ID:
Massasoit Email Address:	Telephone Number:

TO BE FILLED OUT BY THE STUDENT

What course (number/title) are you required to take? **Program of Study:**

What course (number/title) would you like to substitute? **Start Date of Requested Course (MM/YY):**

Explanation (Provide evidence to justify why you believe this course substitution is necessary.):

TO BE FILLED OUT BY THE DEPARTMENT CHAIR

Department Chair (Print):
Department Chair (Signature):

Recommend
Do Not Recommend

Today's Date (MM/DD/YY):

Reason for Decision (Substituted course must satisfy the same attributes and level of instruction required within the student's program.):

Please forward the completed document to Academic Affairs
(academicaffairs@massasoit.mass.edu) in LA 333.

TO BE FILLED OUT BY THE DIVISION DEAN

Division Dean (Print):

Division Dean (Signature):

Recommend

Today's Date (MM/DD/YY):

Do Not Recommend

Reason for Decision (Required):

I verify that the substituted course satisfies the same attributes and level of instruction required within the student's program and that all appropriate criteria has been met. This appeal is now ready to move on to Academic Affairs for processing. If this appeal does not meet all appropriate criteria, I have outlined why below:

FOR OFFICE USE ONLY

Signature only required if Department Chair and Division Dean do not agree.

Vice President of Academic Affairs (Print):

Vice President of Academic Affairs (Signature):

Recommend

Do Not Recommend

Reason for Decision:

Today's Date (MM/DD/YY):