



299 COLLEGE DR SE  
MEDICINE HAT, AB T1A 3Y6

# Course Substitution Request

STUDENT ID #

## STUDENT INFORMATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

## PROGRAM INFORMATION

PROGRAM

1. I wish to use the course \_\_\_\_\_ to substitute for the course \_\_\_\_\_.

2. Reason for substitution: \_\_\_\_\_  
\_\_\_\_\_

3. Enrollment Information (check one):

I am currently enrolled in this course

I have already completed this course

I would like to enroll in this course

Semester/Year \_\_\_\_\_

4. Signatures:

Approved      Denied

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

Approved      Denied

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

Approved      Denied

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

1. A Course Substitution enables a student to submit one Medicine Hat College course for another within their program curriculum.
2. A Course Substitution is not a statement of equivalency between two courses; it is a singular substitution for one student.
3. A Course Substitution determines whether a course that is not part of the normal curriculum for a program can be used in place of a specific course or elective in the program's normal curriculum. It does not replace any prerequisite requirements in order to enroll in courses.
4. Decisions are NOT VALID until approved by the Program Coordinator, Dean and the Registrar, even if the student has already completed the course.
5. The substitute course must be of equal or greater credit value.
6. A Course Substitution assesses the suitability of the substitute course only.
7. The substitute course may be used only once towards graduation requirements.

## **Instructions**

1. Complete personal information and Parts 1 - 4.
2. Ensure that the substitute course meets all program and requisite requirements and does not violate any restrictions applicable to your program (See your Program Coordinator or the Medicine Hat College Calendar for information).
3. Submit form to the Registrar's Office.
4. The Registrar's Office will forward the form to the Program Coordinator and Dean for signatures.
5. Approved Course Substitutions will be reflected on the student's Degree Progress Audit and the student will receive a copy of the completed form by mail.

*The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or [foip@mhc.ab.ca](mailto:foip@mhc.ab.ca).*