



The College of the Florida Keys

Course Substitution Request

Catalog Curriculum Modification Request

Competency Requirement Request

Student Number	Last Name	First Name
Primary Program of Study		Request

Complete the appropriate section of the form below. The Vice President of Academic Affairs makes final decisions for course substitution requests and effective catalog adjustment requests. The student will be notified by a message to his/her MyFKCC email account.

Course Substitution Request

Course X has the same learning outcomes as course Y.

Required Course			Recommended Course		
Gordon rule?	Yes	No	Gordon rule?	Yes	No

For a substitution: Justification / Reason to use a different course other than the course required in the program.

Catalog Curriculum Modification Request

Course X has different learning outcomes than course Y, but meets the program requirements.

Required Course			Recommended Course		
Gordon rule?	Yes	No	Gordon rule?	Yes	No

For catalog curriculum modification: Justification / Reason to use a different curriculum other than the one in effect when you began the program.

Student Life Skills Competency Requirement

Select all that apply and provide documentation for each.

Note this is entered in Banner and applies to AA and Bachelor Degrees.

Demonstrated leadership	Comments
Transferred in >29 credits	Comments
Successful completion (grade of C or higher) in 3000 level or higher course	Comments
Completed similar course (Syllabus must be attached)	Comments

Student Signature

Date

Academic Advisor

Approve request

Disapprove request (list why in comments)

Comments/
Recommendations

Signature

Title

Date

Subject Matter Expert (If appropriate)

Approve request

Disapprove request (list why in comments)

Comments/
Recommendations

Signature

Title

Date

Academic Dean

Approve request

Disapprove request (list why in comments)

Comments/
Recommendations

Signature

Title

Date

Vice President of Academic Affairs

Approve request

Disapprove request (list why in comments)

Comments/
Recommendations

Signature

Title

Date

If approved, please forward to the registrar.**Registrar**

Date Entered in Degree Works Banner

Student and advisor notified via e-mail.

Request added to student efile.

Signature