

FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE

MEMORANDUM

TO: Registrar			
FROM:			
	Student Advisor (Printed Name)	(Signature)	
DATE:			
SUBJECT: Course Substitution(s)			
I recommend that			
	(STUDENT'S NAME)	(SSN)	(CURR CODE)
be permitted to make the following course substitution(s):			
1)		For	
2)		For	
3)		For	
4)		For	
Justification/Comment			
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
		Department Chair	
		Division Chair	
		Curriculum Program Dean	
Distribution:			
<input type="checkbox"/> VA Office			
<input type="checkbox"/> Student Folder			
<input type="checkbox"/> Adviser			
<input type="checkbox"/> Department Chair			