



**COLLEGE OF MICRONESIA-FSM**  
**Office of Admissions and Records**  
 www.comfsm.fm

Accredited by the Western Association of Schools and Colleges (WASC)

**NATIONAL CAMPUS**

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 Phone: (691) 320-3795

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**KOSRAE CAMPUS**

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**YAP CAMPUS**

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 Colonia, Yap, FSM 96943  
 Phone: (691) 350-2296

**FSM FMI**

P.O. Box 1056  
 Colonia, Yap, FSM 96943  
 Phone: 350-5244

# COURSE SUBSTITUTION

Spring     Summer     Fall    **Year**

**FOR EXCEPTIONAL CASES ONLY. NOT INTENDED TO REPLACE POLICIES ALREADY IN PLACE**

<b>1</b> Name (Last Name, First Name, Middle Name)	<b>2</b> Date
<b>3</b> Major	<b>4</b> Academic Advisor
<b>5</b> Degree or Program	<b>6</b> Anticipated Date of Completion

<b>▶</b> I REQUEST PERMISSION TO SUBSTITUTE (Course Number and Title)	<input style="width:95%;" type="text"/>	CREDITS	<input style="width:80%;" type="text"/>	FOR
<b>▶</b> REQUIRED COURSE IN MAJOR (Course Number and Title)	<input style="width:95%;" type="text"/>	CREDITS	<input style="width:80%;" type="text"/>	

**REASON FOR REQUEST**  
 (Explain why this substitution is appropriate; attached supporting documentation, e.g., updated IDP)

<b>7</b> Student (Signature over printed name) _____ Date _____	<b>8</b> Advisor (Signature over printed name) _____ Date _____
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**FOR INSTRUCTIONAL AFFAIRS USE ONLY**

Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/>	Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/>
<b>REASON</b> <div style="background-color: #e0e0e0; height: 150px; width: 100%;"></div>	<b>REASON</b> <div style="background-color: #e0e0e0; height: 150px; width: 100%;"></div>
_____ Director of Academic/Vocational Programs      Date _____	_____ Vice President of Instructional Affairs      Date _____