



COLLEGE OF MICRONESIA-FSM
Office of Admissions and Records
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Accredited by the Western Association of Schools and Colleges (WASC)

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YAP CAMPUS
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Colonla, Yap, FSM 96113
Phone: (691) 350-2276

FSM FBI
P.O. Box 1026
Colonla, Yap, FSM 96113
Phone: 350-2276

COURSE SUBSTITUTION

Spring Summer Fall Year

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

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

▶ I REQUEST PERMISSION TO SUBSTITUTE (Course Number and Title)	_____	CREDITS	<input type="text"/>	FOR
	_____	CREDITS	<input type="text"/>	

REASON FOR REQUEST

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

7 Student (Signature over printed name)	_____	8 Advisor (Signature over printed name)	_____
	Date		Date

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"/>
REASON	REASON
_____	_____
Director of Academic/Vocational Programs	Vice President of Instructional Affairs
_____	_____
Date	Date