# APPEAL FORM FOR COURSE SUBSTITUTION ONLY
(Only one course will be accepted per form.)

<table>
<thead>
<tr>
<th><strong>Student Name</strong> (Print):</th>
<th><strong>Date</strong> (MM/DD/YY):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name</strong> (Signature):</td>
<td><strong>Student ID</strong>:</td>
</tr>
<tr>
<td><strong>Email Address</strong> (Only official Massasoit student email addresses can be used for the appeal to be considered.):</td>
<td><strong>Telephone Number</strong>:</td>
</tr>
</tbody>
</table>

## TO BE FILLED OUT BY THE STUDENT

**Program:**

**Required Course Number and Title:**

**Substitute Course Number and Title:**

**Reason** (Check all that apply and explain below.):

- [ ] Misadvised
- [ ] Course Canceled/Not Offered
- [ ] Program Change
- [ ] Other

**Explanation** (Provide evidence to justify why you believe this course substitution is necessary.):

## TO BE FILLED OUT BY THE DEPARTMENT CHAIR

**Department Chair** (Print):

**Department Chair** (Signature):

- [ ] Recommend
- [ ] Do Not Recommend

**Reason for Decision** (Substituted course must satisfy the same attributes and level of instruction required within the student’s program.):

**Date** (MM/DD/YY):
Please forward the completed document to Academic and Student Affairs (rfontes2@massasoit.mass.edu) in LA 333.