

Victor Valley College

**“Target Course”: Adjustment of Graduation Requirements
(Course Substitution)**

**TO BE COMPLETED BY THE DEPARTEMENT CHAIR FROM THE COURSE
FOR WHICH A SUBSTITUTION IS REQUESTED:**

The following student, _____, VVCID # _____,
has requested substituting _____ for _____,
required for graduation from Victor Valley College.

Based on my review of this request for an Adjustment of Graduation Requirements, I **support/do not support** this request (Circle One). The proposed course would be an equal substitution for this student, and this shall in no way constitute a precedent for other students. If granted, no additional courses in the substituted subject will be required for this student.

The student understands that, if granted, this Adjustment of Graduation Requirements may not be recognized as satisfying graduation requirements for other majors at /Victor Valley College nor by transfer colleges.

DSPS Director or DSPS/LD Counselor: _____

Department Chair Faculty: _____

Title: _____

Signature: _____

Date: _____