Helena College allows course substitutions when there is a compelling reason to do so. All course substitutions must maintain the integrity of the degree and comply with the following guidelines:

- Course substitutions must be approved by the Faculty Advisor.
- If the substitution is for a course outside of the student’s department, the appropriate Department Chair must approve it along with the Faculty Advisor.
- Course substitutions will not reduce the number of credits needed to complete the student’s program of study.
- For purposes of a documented disability, the student must provide the appropriate documentation to the Disability Resources Coordinator as part of this process. For more details concerning a documented disability and a course substitution request, information may be found on the College’s Disability Resources web page.
- Decisions may be appealed. Please see the Registrar’s Office.

<table>
<thead>
<tr>
<th>Helena College Required Course</th>
<th>Requested Substitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number</td>
<td>Course Title</td>
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</tbody>
</table>
| ![Table](image)

Reason for Substitution (Please provide any additional documentation): __________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Student Signature: ___________________________________________ Date: __________________

Advisor Signature: ___________________________________________ Date: __________________

Department Chair Signature (If Required): _________________________ Date: __________________

Registrar Signature: _________________________________________ Date: __________________

1115 North Roberts Street, Helena, MT  59601   (406) 447-6900   www.HelenaCollege.edu

DATE PROCESSED: ___________  INITIALS: ___________

Revised: 2/5/18