



Atlanta Metropolitan State College

Office of the Registrar Official Substitution Form

AMSCID _____

Student _____

Division _____

Pathway or Bachelor's Degree _____

The following courses are approved for modification. (Mark where applicable.)

Previous Course		Current Course		Requirement Fulfilled	Program Area	Action*
Subject	Number	Subject	Number			

Comments/Notes _____

Advisor

Date

Dean of Academic Division

Date

***Action**

- | | | | |
|----------------|------|------------|------|
| Force Complete | – FC | Also Allow | – AA |
| Substitution | – SB | Apply Here | – AH |