

LUZERNE COUNTY COMMUNITY COLLEGE

REQUEST FOR VARIANCE IN A RECOMMENDED PROGRAM OF STUDY

TO: The Academic Deans

FROM: Student's Name _____ Student I.D. No. _____

Address _____

City State Zip

Date _____

I respectfully request permission to substitute the following:

Note: (1) If the substitution(s) is a course - give the course title, number, and semester hours.
(2) If the substitution(s) is military training - identify the training and the length of the program.

For the course(s)

Course Number Course Title Semester Hours

Course Number Course Title Semester Hours

Recommended for the Curriculum: _____

in the _____ (year) College Catalog.

Department Chair: [] Approved [] Disapproved

Signature: _____ Date _____

Signature of Student: _____ Date _____

FOR THE ACADEMIC DEANS

I have examined the above request and I [] approve [] disapprove the substitution described.

Signed: _____
Signature of Dean

Dean's Comments: _____

Date