

Designation of Substitution Request

Fillable form. Please ensure that ALL sections of the form are completed.

Submit to:
gse.apc@queensu.ca

Personal Information	Please Note:		
	<ul style="list-style-type: none"> A designation of substitution is used to replace the unit weight and mark of a previously completed Queen's University course with the unit weight and mark obtained of the designated course (also at Queen's). The course which is replaced will remain in the student's transcript, but will be disregarded in calculating the cumulative average in meeting requirements for graduation. The course which is replaced will remain in the sessional average, unless the designated substitution is in the same session. The designation must be approved before the designated course is taken, or prior to the last day to add the course. 		
	Surname:	Given Name:	Student Number:
	Program and Year of Study:	Option:	Queen's Email Address:

Personal Information	Student Signature:		Date:
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Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected on this form may be retained in the student's file, will be used to process this request, and will be shared with Queen's personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Smith Engineering, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.

APC Request	Course:	CEAB Unit Breakdown (M/BS/CS/ES/ED):
	Designated as a substitute for:	
	Course:	CEAB Unit Breakdown (M/BS/CS/ES/ED):
	Type of Course:	
	(Check one) Core Option Core Technical Elective Complementary Studies (please specify)	
	Reasons for making this request:	
	Instructor of the original course: Is this course an acceptable substitute for your course? <input type="checkbox"/> Yes <input type="checkbox"/> No Further Comments:	
	Signature of Course Instructor:	Date:
	Undergraduate Chair: Do you support this request? <input type="checkbox"/> Yes <input type="checkbox"/> No Further Comments:	
	Signature of Undergraduate Chair:	Date:

PLEASE CONTINUE TO PAGE TWO

For Faculty Office Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:
	APC Chair Signature:	Date: