

ASSOCIATE IN INDIVIDUALIZED STUDIES

Approved Substitution, Area of Concentration

Student's Name

Student's PID Number

Telephone Number

E-Mail Address

Date Forwarded to UNC

Date Received in UNC

SUBSTITUTE THIS COURSE	Credit Hours	FOR THIS COURSE	Credit Hours	REASON FOR SUBSTITUTION

Signature of Student

Signature of Approving Advisor

Initials, Records Manager

Date