

South Plains College Course Equivalency/Substitutions Request Form

- I. Course Equivalency Evaluations:** Request for transfer course(s) to be reviewed for the equivalent SPC course(s). SPC will review all Texas College/University courses through Texan Common Course Numbering System www.tccns.org. If the course(s) is Out-of-State or not listed on this website, then an evaluation request is needed.
- II. Course Substitutions:** Request for a SPC or non-SPC course(s) to be substituted for a required SPC course(s).
- III. Elective Override:** Request for specific elective override for degree completion.
***Catalog years are found on the student Progress Tab in Self-Service. All Evaluations will be processed on the catalog year on this form.
 **Attach course descriptions for any non-SPC courses to help with evaluations. The description must come for the catalog year the course was taken.*

Name: _____ Student Id: _____ Catalog Year: _____

Please indicate the Degree/Certificate(s) below for which these Evaluations and/or Substitutions apply.

Degree: _____ 1st Certificate: _____ 2nd Certificate: _____

I. Course Equivalencies:

| Fill out by the Student, Advisor, or Program Coordinator | | | | | | Fill out by Department Chairperson/Instructional Dean | | | |
|--|--------------|------------|--------------|-----------------|-------|---|-----------------------|-----------------------|--------------------------|
| College/University | Course Abbr. | Course No. | Course Title | Semester & Year | Grade | Approved | Approved for Core No. | Approved for Elective | Equivalent to SPC Course |
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II. Course Substitutions:

| Fill out by the Advisor or the Program Coordinator *Course requested to be used instead of the SPC course listed in the catalog. | | | | | |
|---|--------------|------------|--------------|-----------------|-------|
| College/University | Course Abbr. | Course No. | Course Title | Semester & Year | Grade |
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| Fill out by Department Chairperson/Instructional Dean. *Course listed in the SPC catalog. | |
|--|---------------|
| Course Abbr. | Course Number |
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III. Elective Override:

Fill out by the Advisor, Program Coordinator, Department Chairperson, or Instructional Dean.

Use _____ hours of Science Lab.

Use Associate of Science Electives for Associate of Arts Degree.

Use one hour from KINE-1304 (Fitness & Wellness).

Use Associate of Arts Electives for Associate of Science Degree.

Waive the SPC Kinesiology requirement. (To waive all Kinesiology requirements)

Notes: Please include any additional details for degree requirements.

Signatures:

Advisor: _____ Date: _____

Program Coordinator: _____ Date: _____

Department Chair: _____ Date: _____

Instructional Dean: _____ Date: _____