## 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 though Texan Common Course Numbering System <a href="www.tccns.org">www.tccns.org</a>. 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.

Instructional Dean:

				Progress Tab in Self-Service. A SPC courses to help with evalu							
Name:				Stude	Student Id:			Catalog Year:			
Please ir				w for which these Evaluation							
Degree:				_ 1st Certificate:			2nd Certificate:				
	<i>C</i> 1										
1.	Course	ourse Equivalencies:  Fill out by the Student, Advisor, or Program Coordinator						Fill out by Department Chairperson/Instructional Dean			
Course Course				Semester			Approved for Approved Equivalent to SPC				
Colleg	e/University	Abbr.	No.	Course Title	& Year	Grade	Approved	Core No.	for Elective	Course	
II.	Course	Substitut	tions:								
Fill out by the Advisor or the Program Coordinator *Course requested to be used instead of the SPC course listed in the catalog.								Fill out by Department Chairperson/Instructional Dean. *Course listed in the SPC catalog.			
Colleg	College/University		Course No.	Course Title	Semester & Year	Grade		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.						Associate (	of Science Flective	es for Associa	te of Arts Degree	
							Associate of Science Electives for Associate of Arts Degree Associate of Arts Electives for Associate of Science Degree.				
	Waive the SPC Kinesiology requirement. (To waive all Kinesiology requirements)										
Note	<b>s:</b> Please i	include ar	ıy additiona	al details for degree red	quirements	•					
					Signatur	es:					
Advisor:							Date:				
Program Coordinator:											
Depart	ment Chai	r:			Date:						

Date: \_\_\_\_\_