



1355 West Highway 10 | Anoka, Minnesota 55303 | Telephone: (763) 433-1100
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Date: _____

Course Substitution Petition

Name: _____		
Last	First	MI
E-mail Address: _____		
Student/STAR ID _____		Program _____

Required Course Number and Title	Substituted Course Number and Title (Must be under "Courses Not Needed" on DARS Report)

Comments

(OFFICE USE ONLY)

Faculty Recommendation: Approved Not Approved

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

Recorded into Students record by Transfer Specialist Date _____ Signature: _____

Comments: