

**Colorado College**  
**Accessibility Resources**  
**Request for Course Substitution**

Information regarding the course substitution policy is available on the Accessibility Resources Website: [www.coloradocollege.edu/accessibilityresources](http://www.coloradocollege.edu/accessibilityresources). Please return this form to the office of Disability Services if you are requesting a course substitution for disability-related reasons.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CCID: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Advisor(s): \_\_\_\_\_

I am requesting a substitution for the following course/requirement: \_\_\_\_\_

\_\_\_\_\_

I am requesting that the following course(s) serve as the substitution: \_\_\_\_\_

\_\_\_\_\_

Please describe why you are requesting the substitution. Include a rationale for the substitution request, relevant disability-related information, and your history of previous attempts to complete the course and/or coursework.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ I have previously provided documentation of disability to Accessibility Resources

\_\_\_\_\_ Documentation of disability is attached to this form.

\_\_\_\_\_ Documentation of disability will be provided at a later date.

(circle one):    via email    via fax    via mail    hand delivery

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_