



# SACRED HEART JUNIOR COLLEGE

*Excellence, Innovation, Productivity*

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: [laura@shjc.edu.bz](mailto:laura@shjc.edu.bz), [melissa@shc.edu.bz](mailto:melissa@shc.edu.bz)

Or visit Our Website: <http://www.shjc.edu.bz>

## APPLICATION FOR COURSE REPLACEMENT

**Instructions:** Please provide the information requested in print, and return the completed application to the Office of the Registrar.

A Course replacement may occur when a program sequence changed during your two years program in taking place or institution made a change in your program sequence.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID
PROGRAM		Program Head (Print and Signature):	
SEMESTER (Check one) <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Summer Academic Year 20__ - 20__			
TODAY'S DATE (DD/MM/YYRR)			

Course no.	Course Code and Title	Course Code and Title of Equivalent Course (credit hours)	Grade Obtained
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

<p><b>For Official Use Only:</b></p> <p>Dean/Asst. Dean Signature: _____</p> <p>Registrar's/Asst. Registrar's Signature _____</p> <p>Date: _____</p>
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Student received copy of Course/s replacement form .

**Student's Signature confirming receipt:**

\_\_\_\_\_

**Date Received:** \_\_\_\_\_