

**MILLARD FILLMORE COLLEGE**  
**Certificate Program Course Substitution Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

UB Person No. \_\_\_\_\_ UB email address \_\_\_\_\_

Phone \_\_\_\_\_ Today's date \_\_\_\_\_

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Certificate Program \_\_\_\_\_

*Substitution based on coursework completed at UB:*

<u>Course</u>	<u>Year</u>	<u>Credit Hours</u>	<u>Grade</u>
_____	_____	_____	_____

*Substitution based on coursework completed at other college/university:*

<u>Course</u>	<u>Year</u>	<u>Credit Hours</u>	<u>Grade</u>	<u>Institution</u>
_____	_____	_____	_____	_____

**Policy on course substitution:** *Only one course may be substituted. A complete course description and unofficial transcript should be attached for any course completed at another institution. MFC Administration will determine if course requested for substitution is equivalent to one in the indicated certificate program.*

MAIL THIS FORM TO: Millard Fillmore College,  
University at Buffalo – South Campus  
128 Parker Hall  
Buffalo, NY 14214-8004

FOR OFFICE USE ONLY \_\_\_\_\_