COLUMBIA STATE COMMUNITY COLLEGE
LEARNING SUPPORT PROGRAM
COURSE RECOMMENDATION FORM

Student's Name: _____ SSN: _____

Semester: _____ Date: _____

Current Course: _____ Desired Course: _____
_____ _____

Reason for Change: _____

_____

_____

My signature on this form acknowledges my acceptance of the above placement regardless of the placement indicated for me by my placement data. Furthermore, I acknowledge that I will be required to take all subsequent courses remaining in the LS content area affected by the above placement.

Student's Signature: _____ Date: _____

LS Instructor's Signature: _____ Date: _____

LS Director's Signature: _____ Date: _____

REV. 07/10