



Office of the Registrar
Request for Substitution of Degree Requirement
College Transfer Program

CWID: _____
Last Name First Name MI

Catalog of Record: _____

Major: _____ Expected Graduation Date: _____
Term/Year

This request must be approved by the student Advisor, Program Coordinator, and the appropriate Dean before being submitted to the Office of the Registrar.

Required Course _____
Subject Number Hours

Substitution _____
Subject Number Hours

Required Course _____
Subject Number Hours

Substitution _____
Subject Number Hours

Required Course _____
Subject Number Hours

Substitution _____
Subject Number Hours

Justification: _____

Advisor Signature

Date

Program Coordinator Signature

Date

Dean of School Signature

Date

Office Use Only

Recorded to Banner: _____
Initials

Date