CT STATE
COMMUNITY COLLEGE

Credit Variance for Program Completion Form

Purpose: For any student who CT State has determined meets all requirements of a legacy Connecticut community college degree or certificate program but does not meet the minimum CT State credit threshold required for the equivalent aligned degree or certificate.

Student Name: _____ Student ID: @_____

CT State CC Home Campus: _____ Anticipated Graduation Date_____

Legacy Degree/Certificate Name: _____

Legacy Degree/Certificate Campus Location: _____

Legacy Degree/Certificate Required Credits: _____

CT State Degree/Certificate Name: _____

CT State Degree/Certificate Required Credits: _____

I attest that:
- The student was previously enrolled in an equivalent degree or certificate program at a legacy Connecticut community college
- The student meets the minimum number of credits required for graduation from the legacy degree or certificate program
- The student has met the required outcomes of the legacy degree or certificate program
- The minimum number of credits completed for a degree equals 60 credits or more
- The student has met all other CT State Community College requirements for graduation

I approve this substitution: Yes/No

_____   _____   _____
Advisor/Faculty Initiator   Email address   Date:

I approve this substitution: Yes/No

_____   _____   _____
Program Coordinator/Designee   Email address   Date

I approve this substitution: Yes/No

_____   _____   _____
Dean of Subject Area/Designee   Email address   Date

Approvals will be sent to Degree Audit Technology Specialists