

All information requested on this form must be accurately and legibly completed. Please attach a course description if requesting a substitution with a course outside of CT State Community College.

Student Name _____ Banner ID @ _____

Is this student graduating at the close of the current term? yes _____ no _____

CT State Program _____ CT State Campus _____

Substituted Course Details:

When was the substituted course taken (term/year) _____

Course subject & number (i.e.: ENG 1010) to be substituted into degree/major _____

At what college/university was the course taken (if applicable)? _____

Course description attached (if transferred from outside CT State) yes _____ no _____

Course Subject & number of CT State course to be replaced by the substituted course _____

Justification (required):

Approvals:

Campus Program Coordinator <small>(of the student's degree/certificate program)</small>	Email Address	Date
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Campus Department Chair <small>(of the student's degree/certificate program)</small>	Email Address	Date
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Campus Department Chair*	Email Address	Date
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*if course substitution is inter-disciplinary, a signature is also needed from the Campus Department Chair of the originally required course.

Campus Dean of Faculty, Dean of Students & Faculty, or designee	Email Address	Date
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Approved forms must be submitted to the Degree Audit Technology Specialist for processing.