COURSE SUBSTITUTION & TRANSFER CREDIT RE-ARTICULATION

Registrar's Office, Davidson Hall, Room 116
Phone (860) 832-2236, Fax (860) 832-2250

Student Name: _____ Student ID#: _____

Degree: _____ Major & Concentration: _____ Minor: _____

OPTION ONE: COURSE SUBSTITUTION

*Replaces a major/minor requirement with another. (**Do NOT use this form for General Education substitutions**, instead make an appointment with the College of Liberal Arts and Social Sciences Deans Office. This does not include general education courses that are also used to satisfy a major or minor requirement - "double-placed.")*

Major/Minor Required Course(s): *(subject and course number)*	**Substituted Course(s):** *(subject and course number)*

Approvals:

_____
Chairperson - Department Offering Requirement Date

_____
Chairperson - Student's Major Department Date

_____
Dean - Student's Degree Program Date

Remarks: _____

OPTION TWO: TRANSFER CREDIT RE-ARTICULATION

Modifies how accepted transfer credit is posted on a student's CCSU transcript. ***If available, please attach the course description(s).***

Transfer Institution: *(College or university name)*	**Transfer Course:** *(Subject and course number from transfer institution)*	**Updated Articulation:** *(CCSU course to be recorded on student's transcript)*	**General Education:** *(If applicable, indicate GE requirement that course should fulfill)*	**Credits:** *(Specify the number of credits to award)*	**Approval:** *(Chairperson of department offering articulated course)*	**Add to Transfer Database?** *(use for future evaluations)*
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

(If needed, attach additional copies of this form)

Return completed form to the Registrar's Office

updated 9/2015