



COURSE SUBSTITUTION & TRANSFER CREDIT RE-ARTICULATION

Return completed form to the Registrar's Office
 Registrar's Office, Willard-DiLoreto Room D202
 Fax (860) 832-2250 or email to regstaff@ccsu.edu

Student Name: _____ Student ID Number: _____

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): <i>(subject and course number)</i>	Substituted Course(s): <i>(subject and course number)</i>

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

(If needed, attach additional copies of this form)