

## **COURSE SUBSTITUTION & TRANSFER CREDIT RE-ARTICULATION**

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

Degree: Major & Concentration:				Minor:			
OPTION ONE: COURSE Replaces a major/minor requirem Social Sciences Deans Office. The	nent with another. ( <b>Do NOT u</b>					e of Liberal Arts and	
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 D	egree Program	Date	
OPTION TWO: TRANSF Modifies how accepted transfer of	ER CREDIT RE-ART	ICULATION	ble, please attach the	course description	n(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, indicated GE requirement that course should fulfill)	of credits to	Approval: (Chairperson of department offering articulated course)	Add to Transfer Database? (use for future evaluations)  Yes No	

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

(If needed, attach additional copies of this form)

☐ Yes

☐ Yes

☐ Yes

□ No

□ No

□ No