COURSE SUBSTITUTION & TRANSFER CREDIT RE-ARTICULATION

Return completed form to the Registrar’s Office
Registrar’s Office, Wilard-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):  Substituted Course(s):
(subject and course number)  (subject and course number)

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<th>Major/Minor Required Course(s):</th>
<th>Substituted Course(s):</th>
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<td>(subject and course number)</td>
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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:  Transfer Course:  Updated Articulation:  General Education:  Credits:  Approval:  Add to Transfer Database?
(College or university name)  (Subject and course number from transfer institution)  (CCSU course to be recorded on student’s transcript)  (If applicable, indicate GE requirement that course should fulfill)  (Specify the number of credits to award)  (Chairperson of department offering articulated course)  (use for future evaluations)

| Transfer Institution:  Transfer Course:  Updated Articulation:  General Education:  Credits:  Approval:  Add to Transfer Database? |
|--------------------|-----------------|-----------------|-----------------|-----------------|--------------------|------------------|
| (College or university name) | (Subject and course number from transfer institution) | (CCSU course to be recorded on student’s transcript) | (If applicable, indicate GE requirement that course should fulfill) | (Specify the number of credits to award) | (Chairperson of department offering articulated course) | (use for future evaluations) |
|                      |                  |                  |                  |                  |                    |                  |
|                      |                  |                  |                  |                  |                    |                  |

(If needed, attach additional copies of this form)

Rev 11/29