



Departmental Course Substitution/Approval Form

NOTE: THIS FORM IS NOT TO BE USED FOR GENERAL EDUCATION REQUIREMENTS.

Student Name: _____

Student ID: _____

Advisor: _____

Degree Program: _____ Catalog Year: _____

This form should be utilized to report course substitutions (or waivers) for departmental requirements within a student's degree program. This form should also be used to identify courses used to satisfy degree requirements that require advisor/departmental approval. Questions regarding this procedure should be directed to capp@astate.edu.

1. REQUIRED COURSE or DEGREE REQUIREMENT: _____
(e.g. "ACCT 2033", "Approved Engineering Electives", "Foreign Language", etc.)

SUBSTITUTING or APPROVED COURSE: _____ TERM COMPLETED: _____
(e.g. "ACCT 2023", "BUS 101", etc.)

CHECK IF TRANSFER COURSE TRANSFER INSTITUTION: _____

CHECK IF TRANSFER COURSE IS DEEMED EQUIVALENT TO THE ARKANSAS STATE COURSE FOR ALL STUDENTS

CHECK IF REQUIREMENT WAIVED NUMBER OF CREDIT HOURS WAIVED, IF APPLICABLE: _____

COMMENTS: _____

2. REQUIRED COURSE or DEGREE REQUIREMENT: _____
(e.g. "ACCT 2033", "Approved Engineering Electives", "Foreign Language", etc.)

SUBSTITUTING or APPROVED COURSE: _____ TERM COMPLETED: _____
(e.g. "ACCT 2023", "BUS 101", etc.)

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ADDITIONAL SPACES ARE AVAILABLE ON PAGE 2.

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Approved by (PRINT NAME): _____ MUST BE APPROVED BY DEPT. CHAIR OR DESIGNEE

Signature: _____ Date: _____

Please print/sign and deliver to the Office of Admissions, Records, and Registration **OR**
Type name above and submit electronically (must come from astate.edu email) by clicking here

SUBMIT

SUBMIT TO OFFICE OF ADMISSIONS, RECORDS, AND REGISTRATION

Phone: 972-2031

Fax: 972-3917

capp@astate.edu

3. REQUIRED COURSE or DEGREE REQUIREMENT: _____
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