

General Education Approval Form

Student Name	e:	 	
Student ID: _		 	

STUDENTS AND ADVISORS SHOULD ONLY COMPLETE THE TOP PORTION OF THIS FORM

This form is to be used to evaluate whether a transfer course from an accredited institution will satisfy one of the core area requirements under the General Education Curriculum. Please list course details below, attach complete course description, and submit to the appropriate department.

Institution: _			
Course subjec	t/course number:	(e.g. "BUSI 102", "ECON 1113", etc.)	
Course title:(e.g. "ECONOMICSI", etc.)			
Term complet	ed:		

ATTACH COURSE DESCRIPTION AND SUBMIT TO APPROPRIATE DEPARTMENT

FOR DEPARTMENT USE ONLY

Check one:					
☐ <u>OPTION 1</u> - EQUIVALENT FOR <u>ALL</u> STUDENTS					
ARKANSAS STATE EQUIVALENT (Course prefix/number):	(e.g. "ECON 2313 - PRINCIPLES OF MACROECONOMICS", etc.)				
(Course title):					
□ OPTION 2 - ONE-TIME SUBSTITUTION FOR THIS STUDENT					
ARKANSAS STATE COURSE (Course prefix/number):					
	(e.g. "ECON 2313 - PRINCIPLES OF MACROECONOMICS", etc.)				
(Course title):					
□ <u>OPTION 3</u> - NOT APPROVED (PLEASE SUBMIT FORM FOR TRACKING PURPOSES)					
Dept. Chair (PRINT NAME):					
Signature:	Date:				

Please print/sign and deliver to the Office of Admissions, Records, and Registration <u>OR</u>

Type name above and submit electronically (must come from astate.edu email) by clicking here

