



Departmental Course Substitution/Approval Form

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

Student Name: _____

Student ID: _____

Advisor: _____

Degree Program: _____

Degree Works

CAPP 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 2033", "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 2033", "BUS 101", etc.)

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COMMENTS: _____

ADDITIONAL SPACES ARE AVAILABLE ON PAGE 2.

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Approved by (PRINT NAME): _____ Title: _____

Signature: _____ Date: _____

Please print/sign and deliver to the Office of the Registrar OR

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



SUBMIT

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

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4. REQUIRED COURSE or DEGREE REQUIREMENT: _____
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COMMENTS: _____

5. REQUIRED COURSE or DEGREE REQUIREMENT: _____
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COMMENTS: _____

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

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COMMENTS: _____
