Departmental Course Substitution/Approval Form

NOTE: THIS FORM CANNOT 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 registrar@asub.edu

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Required Course or Degree Requirement _____
(e.g. "ACCT2003", "Advisor Approved Electives", "Technical Elective", etc)

Substituting or Approved Course _____ **Term Completed**:_____

☐   **Check if Transfer Course**   **Transfer Institution:**_____

☐   **Check if Transfer Course is Deemed EQUIVALENT to the ASU-Beebe Course FOR ALL STUDENTS**

Comments:_____

Required Course or Degree Requirement _____
(e.g. "ACCT2003", "Advisor Approved Electives", "Technical Elective", etc)

Substituting or Approved Course _____ **Term Completed**:_____

☐   **Check if Transfer Course**   **Transfer Institution:**_____

☐   **Check if Transfer Course is Deemed EQUIVALENT to the ASU-Beebe Course FOR ALL STUDENTS**

Comments:_____

Program Chair Approval:_____

Dean Approval:_____

Vice Chancellor Approval_____

Completed form must be submitted to the Registrar's Office to update the student's Degree Audit. Registrar@asub.edu

Required Course or Degree Requirement _____

(e.g. "ACCT2003", "Advisor Approved Electives", "Technical Elective", etc)

Substituting or Approved Course _____ **Term Completed**:_____

☐ **Check if Transfer Course**   **Transfer Institution:**_____

☐ **Check if Transfer Course is Deemed EQUIVALENT to the ASU-Beebe Course <u>FOR ALL STUDENTS</u>**

Comments:_____

Required Course or Degree Requirement _____

(e.g. "ACCT2003", "Advisor Approved Electives", "Technical Elective", etc)

Substituting or Approved Course _____ **Term Completed**:_____

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Comments:_____

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Comments:_____

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(e.g. "ACCT2003", "Advisor Approved Electives", "Technical Elective", etc)

Substituting or Approved Course _____ **Term Completed**:_____

☐ **Check if Transfer Course**   **Transfer Institution:**_____

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Comments:_____