Central Connecticut State University, New Britain, CT 06050-4010
REQUEST FOR UNDERGRADUATE COURSE SUBSTITUTION
OFFICE OF THE REGISTRAR

This form NOT to be used for approval of general education course equivalencies.
Students seeking such approvals should make an appointment at the Arts & Sciences Deans Office.
This does not include general education courses required for your particular major program.

Name:
_____ I.D. #: _____
(Last) *(First)* *(M.I.)*
Address: Ant. Graduation Date: _____
_____ Daytime Phone: ( ) _____-_____
(No. & Street)
_____
(City) *(State)* *(Zip Code)*
Email: _____

Program:
_____BA _____BFA _____BS _____BSN

_____BS-Ed (Secondary or K-12) _____BS-Ed (Elementary) Certification Level

Major:_____Minor/Conc.:_____

Required Courses(s) **Substitution(s)**

_____

_____

_____

Remarks: _____

____Approved ____Denied_____ _____
Chairperson-Department Offering Requirement Date

____Approved ____Denied_____ _____
Chairperson- Your Major Department Date

____Approved ____Denied_____ _____
Dean-Your Appropriate Degree Program Date

_____Registrar's Date of Receipt. Subject to posting on record.

Distribution: Registrar, Dean Revised: 10/11