# COURSE SUBSTITUTION & TRANSFER CREDIT RE-ARTICULATION

Registrar's Office, Davidson Hall, Room 116
Phone (860) 832-2236, Fax (860) 832-2250

Student Name: _____ Student ID#: _____

Degree: _____ Major & Concentration: _____ Minor: _____

## OPTION ONE: COURSE SUBSTITUTION

*Replaces a major/minor requirement with another. (**Do NOT use this form for General Education substitutions**, instead make an appointment with the College of Liberal Arts and Social Sciences Deans Office. This does not include general education courses that are also used to satisfy a major or minor requirement - "double-placed.")*

| **Major/Minor Required Course(s):** *(subject and course number)* | **Substituted Course(s):** *(subject and course number)* |
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**Approvals:**

_____
Chairperson - Department Offering Requirement Date

_____
Chairperson - Student's Major Department Date

_____
Dean - Student's Degree Program Date

*Remarks:* _____

## OPTION TWO: TRANSFER CREDIT RE-ARTICULATION

*Modifies how accepted transfer credit is posted on a student's CCSU transcript.* ***If available, please attach the course description(s).***

| **Transfer Institution:** *(College or university name)* | **Transfer Course:** *(Subject and course number from transfer institution)* | **Updated Articulation:** *(CCSU course to be recorded on student's transcript)* | **General Education:** *(If applicable, indicate GE requirement that course should fulfill)* | **Credits:** *(Specify the number of credits to award)* | **Approval:** *(Chairperson of department offering articulated course)* | **Add to Transfer Database?** *(use for future evaluations)* |
|---|---|---|---|---|---|---|
| | | | | | | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No |

*(If needed, attach additional copies of this form)*

**Return completed form to the Registrar's Office**

updated 9/2015