Central Connecticut State University
Office of the Registrar

Course Substitution & Transfer Credit Re-Articulation

Student Name: _____ Student ID#: _____

Degree: _____ Major & Concentration: _____ Minor: _____

OPTION ONE: COURSE SUBSTITUTION

Replaces a program requirement with another.

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

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)

Submit the completed form to:
Office of the Registrar, Willard-DiLoreto, Room D202
Fax (860) 832-2250, E-mail regstaff@ccsu.edu