

Course Substitution Approval

Office of Advising and Student Success

RETURN THE COMPLETED FORM TO ADVISING (room C264 or advisor@CapTechU.edu)

Name: _____ Student ID: _____

Degree Program: _____ Number of credits completed: _____

First Year and Term of Entrance at CTU: _____

Expected Graduation Date: _____

Course Substitution Approvals*

Course Listed as Degree Requirement		Course to SUBSTITUTE for Degree Requirement		Departmental Signature for Equivalency Approval
Required Course Number	Required Course Title	Substitute Course Number	Substitute Course Title	

I am aware that I must successfully complete the substitute course in order for it to replace the original degree requirement. I also understand that if the degree requirement is a prerequisite for other courses this substitution is not a waiver of future prerequisites and requests for prerequisite waivers should be using the appropriate form.

Student's Signature: _____ Date: _____

This document will be process by the Office of Advising and Student Success and then filed in the student's folder in the Office of Registration and Records.

FOR ADVISING OFFICE USE ONLY:

Date Received: _____ Student Notified: _____ Staff Initials: _____