



Cross-Divisional Registration Approval Form

The Office of Registration and Records

Name: _____

Student ID: _____

Degree Program: _____

Number of credits completed: _____

Email address: _____

Cross-Divisional Course Substitution Approvals:

Course Number	Course Title	Course Being Replaced	Departmental Signature for Substitution Approval

I understand courses taken at the graduate level to satisfy my undergraduate degree requirements will not be counted toward the graduate level should I choose to pursue a graduate degree. Course substitutions will be necessary for completing graduate credit requirements.

Concurrent Cross-Divisional Approvals

For current undergraduate students taking graduate-level coursework to meet graduate degree requirements

Course Number	Course Title	Departmental Signature for Concurrent Cross Divisional Approvals

Student's Signature: _____

Date: _____

This document will be held in the student's folder. A copy may be forwarded to the Office of Advising for degree requirement alterations.

FOR OFFICE USE ONLY:

Date Received: _____

Student Notified: _____

Staff Initials: _____

Registration and Records

11301 Springfield Road, Laurel, MD 20708

Tel: 301-369-2313

Email: registrar@captechu.edu