

*All information requested on this form must be accurately and legibly completed. Please attach a course description if requesting a substitution with a course outside of CT State Community College.*

Student Name \_\_\_\_\_

Banner ID @ \_\_\_\_\_

Is this student graduating at the close of the current term?

yes \_\_\_\_\_ no \_\_\_\_\_

CT State Program \_\_\_\_\_

CT State Campus \_\_\_\_\_

**Substituted Course Details:**

When was the substituted course taken (term/year) \_\_\_\_\_

Course subject & number (i.e.: ENG 1010) to be substituted into degree/major \_\_\_\_\_

At what college/university was the course taken (if applicable)? \_\_\_\_\_

Course description attached (if transferred from outside CT State) yes \_\_\_\_\_ no \_\_\_\_\_

Course Subject & number of CT State course to be replaced by the substituted course \_\_\_\_\_

**Justification (required):**

**Approvals:**

\_\_\_\_\_  
Campus Program Coordinator  
(of the student's degree/certificate program)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Department Chair  
(of the student's degree/certificate program)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Department Chair\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\*if course substitution is inter-disciplinary, a signature is also needed from the Campus Department Chair of the originally required course.

\_\_\_\_\_  
Campus Dean of Faculty,  
Dean of Students & Faculty,  
or designee

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

**Approved forms must be submitted to the Degree Audit Technology Specialist for processing.**