



**REQUEST FOR COURSE
EQUIVALENCY OR SUBSTITUTION**

Student ID Number T _____	Catalog Year
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Name Enrolled Under (Last, First, Middle, Other)	Major
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An **EQUIVALENCY** is a course you are requesting to be used as the same course required.

A **SUBSTITUTION** is a course you are requesting to use in place of the course that is required.

A **WAIVER** is a course you are requesting the student not to complete.

Transfer Institution	Course Subject	Course Number	Grade	Semester Taken	ATU Course Subject	ATU Course Number	Course Equivalent	Course Substitution
							<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>

Please substitute following **ARKANSAS TECH UNIVERSITY** course(s):

SUBSTITUTE THESE ATU COURSES:

FOR THESE ATU COURSES:

Course Prefix	Course Number	Semester Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course Prefix	Course Number
_____	_____
_____	_____
_____	_____

Please waive the following course requirement(s):

Course Prefix	Course Number	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate new graduation date if required: _____

Justification to Substitute or Waive Courses: _____

Advisor: _____
Program Director: _____
Dean or Department Head: _____
Graduate College Dean: _____

Date: _____
Date: _____
Date: _____
Date: _____