

ARKANSAS TECH UNIVERSITY – OZARK CAMPUS
Request for Substitution of Transfer Courses
and/or Waiver of Courses

TO: OFFICE OF STUDENT SERVICES

<i>Student Name</i>

<i>Student ID#</i>

I request that the following substitutions and/or waivers be made in my program for certification in _____
Program of study
at Arkansas Tech University – Ozark Campus. I plan to graduate using the catalog for the school year _____

UNIVERSITY OR COLLEGE*	TERM TAKEN	TRANSFER COURSES			ATUO COURSES	
		Prefix	Number	Grade	Prefix	Number

WAIVE Courses	JUSTIFICATION
Prefix	Number

Approved By _____ Date _____

General education coursework will be evaluated by the Office of Student Services. All major courses will be evaluated by the department and submitted to the Office of Student Services for approval.

(Students holding a baccalaureate degree from an accredited college/university have satisfied the general education requirements.)