

# Degree Audit Amendment

Student ID Number T _____	Catalog Year _____
Name Enrolled Under (Last, First, Middle, Other) _____	Major _____
Change Graduation Term to _____	

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 be used 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"/>
							<input type="radio"/>	<input type="radio"/>

I understand that if taken at another college/university, official transcripts for the above course(s) must be on file in the Registrar's Office by the date Arkansas Tech University final grades are due. It is my responsibility to see that this requirement is met by the deadline, or my graduation will be postponed to the next term. I am also aware of the Grading Policy and Graduation Requirements as put forth in the Catalog.

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

College Distinction: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

All substitutions for required courses and waivers of degree requirements **MUST** receive recommendations from your academic advisor, Department Head, and Dean of your academic college.

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 Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Head: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean of College: \_\_\_\_\_ Date: \_\_\_\_\_  
 Registrar's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form can be signed electronically if opened in Adobe.