

# COURSE TRANSFER/SUBSTITUTION

**Name:** \_\_\_\_\_ **Student ID No.:** \_\_\_\_\_  
 (Last Name) (First Name)

**Major/Program of Study:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**College/University From Which Credit is Accepted** (if applicable): \_\_\_\_\_

**Reason for Substitution** (if applicable): \_\_\_\_\_

TRANSFER/SUBSTITUTION COURSE				PLAN OF STUDY COURSE REQUIREMENT	
Course ID	Course Title	Credit	Grade	Course ID	Course Title

Note: No substitutions may be made for the Associate of Arts in Teaching (AAT) or the Associate of Science in Business (ASB)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Advisor)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Dean)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Vice Chancellor for Academic Affairs)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Registrar's Office)

CC: Student

REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

