



Office of the Registrar
 11301 Springfield Road
 Laurel, Maryland 20708
 Phone: 301-369-2313
 Email: registrar@captechu.edu

Course Substitution Approval Form

Name: _____

Student ID: _____

Degree Program: _____

Number of credits completed: _____

This document will be processed by the Office of Advising and Student Success and then filed in the Office of Registration and Records.

Degree Requirement		Substitute for Degree Requirement		
Required Course Number	Required Course Title	Substitute Course Number	Substitute Course Title	Departmental Signature for Approval and Date

By signing below I am verifying that I am aware that I must successfully complete the substitute course in order for it to replace the original degree requirement. I also understand that if the degree requirement is a prerequisite for other courses, this substitution does not waive future prerequisites and prerequisite waivers should be requested via the appropriate form.

Student's Signature: _____

Date: _____

**Department Chairs: Copy Advising on all completed course substitutions at
 advisor@CapTechU.edu**

FOR ADVISING OFFICE USE:

Date Received: _____

Student Notified: _____

Staff Initials: _____