



Degree Audit Amendment Request

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

Student: _____
 Advisor: _____
 Department Head: _____
 Dean of College: _____
 Registrar's Representative: _____

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