ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
Post Office Box 908
Office of the Registrar
Telephone: (256) 372-5254
Fax: (256) 372-5253

DEPARTMENTAL TRANSFER CREDITS* SUBSTITUTION FORM

DATE: _____

NAME: _____ MAJOR: _____

STUDENT ID NUMBER: _____

Dept Number	Course Title (AAMU)	Semester Hours	Substituted Course	Semester Hours	College of Transfer

1. Shortages are to be made up in subject area.
2. The catalogue states that the student must earn at least one-half of the courses in his major sequence at Alabama A&M University.

Advisor: _____ Chairperson: _____

Dean: _____ Registrar: _____

*This form must be completed within the second semester of the student's transfer to Alabama A&M University.