Office of the Registrar
Alabama A&M University
PO Box 848
Normal, AL 35762
256-372-5254

Departmental Transfer Credits* Substitution Form

Date: _____ **Major:** _____

Name: _____ _____ _____ **Banner No.** _____
Last First MI

Alabama A & M University			Other Institution			
Dept/No.	**Course Title**	**Hrs**	**Dept/No.**	**Course Title**	**Hrs**	**Name of Institution**

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 Date

Department Chairperson Date

Dean of School Date

Registrar Date

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

Rev. 12/2009