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: _____

Department Number	Course Title (A&M)	Semester Hours	Substituted Course	Semester Hours	College of Transfer

1. Shortages are to be made up in subject area.
2. The catalogue states 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.