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.** A _____
Last First MI

Alabama A & M University Course			Course(s) to be used as substitution(s)			
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.

Student Date

Advisor Date

Department Chair Date

Registrar Date

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

Rev. 5/2012