

**CURRICULUM, ADVISING AND PROGRAM PLANNING (CAPP)  
 SUBSTITUTION / WAIVER FORM**

Student's Name: \_\_\_\_\_ ID #:

Apply request to: Student's Catalog Term: \_\_\_\_\_ Major: \_\_\_\_\_ Major's Option/ Concentration: \_\_\_\_\_ Minor: \_\_\_\_\_

**Requirement Information**

CAPP Area Title:	CAPP Group Title:	Course Requirement:	Hours:

**Substitution / Waiver / Equivalent Information**

Circle One	Subject	Course No.	Title	Completed at SIUE or Transfer** from:	Term
Substitution/Waiver* or Equivalent***					
Substitution/Waiver* or Equivalent***					

\*When a course is waived, **NO** credit is given towards a degree

\*\*Official transcripts must be on file in the Office of the Registrar

\*\*\*Attach completed Supplemental CAPP Transfer Credit Review Form when a transferred course outside your department's area of ownership (ie: Mathematics for Engineering major) needs another department's review for equivalency credit.

**Rationale for action above:** \_\_\_\_\_

Advisor's Name printed & Signature \_\_\_\_\_ Date \_\_\_\_\_ Program Chair's (or Department Chair's) Name printed & Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Date Received in Registrar's Office</b>	<b>Registrar's Office Use Only</b>		<b>Adjusted by:</b>
	<b>Area(s) Adjusted:</b>	<b>Group(s) Adjusted:</b>	<b>Date Adjusted:</b>
	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>

**CURRICULUM, ADVISING, AND PROGRAM PLANNING (CAPP)  
 TRANSFER CREDIT SUPPLEMENTAL FORM**

(To be attached to a CAPP Waiver/Substitution form once completed)

Student's Name: \_\_\_\_\_ ID #:

Apply request to: Student's Catalog Term: \_\_\_\_\_ Major: \_\_\_\_\_ Major's Option/  
 Concentration: \_\_\_\_\_ Minor: \_\_\_\_\_

***Attach a course description/syllabus for the course listed below. Please review the course description/syllabus and submit your recommendation of department transfer credit equivalency, if any.***

If you have any questions and/or concerns or need additional information, please feel free to contact:

Return completed form to: \_\_\_\_\_  
 Name Email Phone Department Campus Box

***Note: This request for a course evaluation is being made because an articulation (to a specific course) is not currently available.***

Course Number	Course Title	Institution	Departmental Evaluation/Recommendation of SIUE Equivalent

**Check one of the follow that applies:**

- Please add articulation(s) to the transfer credit database for use in future evaluations.
- Articulation(s) should **NOT** be added to the transfer credit database. Individual assessment will be required prior to future awards of credit.

Department of Ownership Program Chair/Dept. Chair Name (Printed) Program Chair/Dept. Chair Signature Date