

**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

Check One	Subject	Course No.	Title	Completed at SIUE or Transfer** from:	Term
<input type="checkbox"/> Substitution <input type="checkbox"/> Waiver* <input type="checkbox"/> Equivalent***					
<input type="checkbox"/> Substitution <input type="checkbox"/> Waiver* <input type="checkbox"/> 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 _____

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

**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.

Transfer Course Prefix/Number	Transfer Course Title	Transfer 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.
- Equivalent 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