SAMFORD UNIVERSITY

SUBSTITUTION/EQUIVALENCE REQUEST

Expected Grad Term_____

Major_____

Date: _____

_____ _____

Last Name **First** **Middle** **Banner SUid Number**

Samford University E-mail Address: _____ **Samford University Box 29**_____

Instructions: A course needed to fulfill a requirement for graduation may be substituted or equated if recommended by the chair of the department where the course is taught. An academic advisor who is **NOT** also the department chair **CANNOT** grant substitutions or equivalence. If the course is from another institution, the department chair may allow course equivalence; a description of the course from the institution's catalog should be presented with this form for review by those asked to approve the substitution /equivalency. Core and General Education course substitutions require approval by the Associate Dean of Arts and Sciences and the approval of the Dean of Academic Services and Registrar.

Return completed form to Student Records, located in Samford Hall, room 214.

The course: _____ for _____ from _____

(CRN; Sub.; Course/Sec. (i.e., 70076 ACCT 211 01) **(Credits)*** **(College or University, if Applicable)**

is approved for (☐) substitution / (☐) equivalence for Samford University course: _____

***NOTE: Credits for a course, taken at another institution, must equal at least 75% of the Samford credit for the course (at least a 3-credit course to meet a 4 credit course at Samford). Please check the student's unofficial transcript for verification.**

_____ _____

Student's Signature **Date**

_____ _____

Advisor's Signature **Date**

_____ _____

Associate Dean or Department Chair's Signature (Where the course is taught) **Date**

_____ _____

Dr. Rosemary Fisk, Associate Dean of Arts and Sciences, Signature **Date**
(Approval required for University Core or Gen. Ed. Courses ONLY)

_____ _____

Dean of Student's School or College Signature **Date**
(Approval required for ALL NON-University Core or Gen. Ed. courses)

Please bring the completed form to the Dean of Academic Services and Registrar's office located in Samford Hall, Student Records, Room 214 for consideration of approval by the Dean of Academic Service and Registrar.

_____ _____

Dean of Academic Services and Registrar's Signature* **Date**

Date Student Notified of Approval: _____

Note to Department Chairs and Deans: A **substitution** is using a course to **replace** a **required course** for **this** particular **student**. An **equivalence** is stating that the **transferred course is equivalent** to the stated **Samford University course**. **Equivalencies** will be **entered** into the **equivalency table** in **BANNER** and **will apply** to **future transfer credit evaluations**.

Revised 2/29/08