



Mississippi University for Women

A Tradition of Excellence for Women and Men

Office of the Registrar Transfer/Substitution Request

Date _____ Exp. Grad. Date _____

Major _____

Name on MUW Record _____

ID Number _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Email _____

CHECK ALL THAT APPLY:

___ General Education Requirement ___ Cross Registration

___ BA/BS/BT Degree Requirement ___ Transfer Course

___ Major Requirement ___ Elective

___ Minor Requirement

PLEASE, ACCEPT/VALIDATE THE FOLLOWING COURSE(S)

FROM: _____

Institution _____

Symbol Number Title

Credit was earned: _____

Term Year

FOR: _____

Symbol Number Title

Requirement: _____

Credit to be earned: _____

Term Year

JUSTIFICATION FOR REQUEST:

Substitutions for courses required for major and/or elective requirements require signatures of advisor, department chair of major, and dean of major. Requests for general education substitutions require all signatures. **Note: A course description must be attached if the course in question does not have an equivalency setup in Banner (SHATATR).**

APPROVALS			COMMENTS
Advisor _____	Yes ___ No ___	Date _____	_____
Dept. Chair of Major _____	Yes ___ No ___	Date _____	_____
Dean of Major _____	Yes ___ No ___	Date _____	_____
Dept. Chair of Course _____	Yes ___ No ___	Date _____	_____
Dean of Course _____	Yes ___ No ___	Date _____	_____
Registrar _____	Yes ___ No ___	Date _____	_____