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 Registrar.

Return completed form to the Office of the Registrar, 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. Don Bradley, Associate Dean of Arts and Sciences, Signature (Approval required for University Core or Gen. Ed. Courses ONLY) ____________________________ Date ____________________________

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

*Please bring the completed form to the Office of the Registrar located in Samford Hall, Room 214. Substitutions/Equivalencies will be viewable in DegreeWorks within 5-7 business days of submission. You will be notified via email if your request is denied or there is a problem. Please contact Michelle Joiner (mhjoiner@samford.edu) or the Office of the Registrar at 205-726-2911 if you have a question about your request.

Registrar’s Signature* ____________________________ Date ____________________________

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 9/01/17