

UNIVERSITY OF HARTFORD

Adjustment of Degree Requirements Form

Waiver of Requirements OR Substitution



Student Name: _____ College: _____
ID: _____ Matriculation Date: _____ Degree: _____
Major: _____
Minor: _____
University Email Address: _____

Explanation for course waiver (required):

Course Code for Course Taken	Course Number for Course Taken	Credit Count for Course Taken	Term and year for Course Taken	FOR	Course Code at UHart	Course Number at UHart	Credit Count at UHart	Programmatic Requirement
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Explanation for course substitution (required):

Student Signature: _____ Date: _____

	Signatures 	Dates 
Advisor:	_____	_____
Dept Chair:	_____	_____
Dean or Designee:	_____	_____

Entered By: _____ Date: _____