

UNIVERSITY OF HARTFORD

Adjustment of Degree Requirements Form

Waiver of Requirements OR Substitution

Student Name: _____

College: _____

ID: _____

Degree: _____

Matriculation Date: _____

University Email Address: _____

Major: _____

Minor: _____

Waiver: _____

-OR-

Substitution: _____

Course Code

Course Number

FOR

Course Code

Course Number

Number of Credits

Number of Credits

Term Taken

Programmatic Requirement

Explanation (required): _____

Student Signature: _____

Date: _____

Circle One:

Signature: _____

Date: _____

Advisor: Recommended Not Recommended _____

Department Chair: Recommended Not Recommended _____

Dean or Designee: Approved Not Approved _____

Entered By: _____

Date: _____