

UNIVERSITY OF HARTFORD

Adjustment of Degree Requirements Form

Waiver of Requirements OR Substitution

Student Name _____ College _____

Degree _____

ID _____ Matriculation Date _____ Major _____

Minor _____

University Email Address _____

Explanation for course waiver (required):

Course Code for Course Taken Course Number for Course Taken Number of Credits for Course Taken Term and year for Course Taken

FOR

UHart Course Code UHart Course # UHart Course # of Credits Programmatic Requirement

Explanation for course substitution (required):

Student Signature: _____ Date: _____

Signature: _____ Date: _____

Advisor: _____

Dept Chair: _____

Dean or Designee: _____

Entered By: _____ Date: _____