

**RECOMMENDATION FOR COURSE EQUIVALENCIES, WAIVERS, OR SUBSTITUTIONS**

**STUDENT INFORMATION**

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Award/Degree:** CP TC AAS AS AA BA BAS BS BSE BSN BSW MED MAT MS

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **Catalog Year:** \_\_\_\_\_

**TRANSFER COURSES**

**From Transfer Institution:** \_\_\_\_\_

**Transfer course:** \_\_\_\_\_ **for UAM course:** \_\_\_\_\_

**Transfer course:** \_\_\_\_\_ **for UAM course:** \_\_\_\_\_

**Transfer course:** \_\_\_\_\_ **for UAM course:** \_\_\_\_\_

**Transfer course:** \_\_\_\_\_ **for UAM course:** \_\_\_\_\_

**Transfer course:** \_\_\_\_\_ **for UAM course:** \_\_\_\_\_

**Transfer course:** \_\_\_\_\_ **for UAM course:** \_\_\_\_\_

**Transfer course:** \_\_\_\_\_ **for UAM course:** \_\_\_\_\_

**UAM COURSE SUBSTITUTIONS OR WAIVERS**

**For UAM course ID:** \_\_\_\_\_ **Sub UAM course ID:** \_\_\_\_\_ **Waive:** \_\_\_\_\_

**For UAM course ID:** \_\_\_\_\_ **Sub UAM course ID:** \_\_\_\_\_ **Waive:** \_\_\_\_\_

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**For UAM course ID:** \_\_\_\_\_ **Sub UAM course ID:** \_\_\_\_\_ **Waive:** \_\_\_\_\_

**APPROVAL:**

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Unit Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Affairs:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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