

CHARTER OAK STATE COLLEGE

REQUEST FOR CHANGE OR SUBSTITUTION IN APPROVED BACCALAUREATE PROGRAM

Name _____
 Social Security # _____
 Concentration _____
 Date Initially Approved _____

FOR OFFICE USE ONLY

Date Submitted _____
 Approved _____
 Counselor _____
 Faculty or _____
 Academic V.P. _____
 Date Approved _____

Course(s) or Test(s) to be deleted from concentration:

Institution/Testing Agency	Course Number	Title

Course or test description:

Course(s) or Test(s) to be substituted:

Institution/Testing Agency	Course Number	Title

Course or test description:

Rationale for request: