

# CHICAGO STATE UNIVERSITY

## Undergraduate COURSE ADJUSTMENT FORM

Last Name

First Name

SS/ID#

Major

Term and Year entered CSU

Date

Required Course	Substitution Course	From Which School	Waive CSU Course (Subject & Number)	Permanently Replace CSU Course

Advisor's Signature \_\_\_\_\_ Advisor's Extension \_\_\_\_\_

Chairperson's Signature \_\_\_\_\_ Chair's Extension \_\_\_\_\_

Dean's Signature for Permanently Replaced CSU Course \_\_\_\_\_