

Course Substitution Form



CHICAGO STATE UNIVERSITY

Instructions: this form is to be used when a student has met a departmental, College, or University requirement through a transfer course or from the substitution list. If appropriate, the Office of Evaluations will notate this on a student’s account. For *course substitutions*, please input the course from the student’s history below and which CSU course it is *substituting* as noted in the Catalog.

Student full name: _____ **CSU ID:** _____ **Student Program:** _____

Course from Student History:	From which institution:	Catalog requirement for substitution:

Rationale for Course Adjustments:

Advisor signature: _____ **Date:** _____ **Chair signature:** _____ **Date:** _____

(The course discipline’s Chair)

Compliance Reviewer: _____ **Date:** _____ If you have questions, please email: csu-registrar@csu.edu