

# CHICAGO STATE UNIVERSITY

## COURSE ADJUSTMENT FORM

Return to the Office of Academic Evaluations & Advisement, ADM 128

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**SS/ID#:**        -        -

**The above named student is asking that the course(s) listed below be considered for substitution/equivalence/waiver approval.**

| WHAT SUBJECT & COURSE NUMBER <b>TO USE:</b> | FROM WHICH INSTITUTION: | <b>SUBSTITUTE FOR WHICH REQUIRED CSU COURSE:</b> | <b>EQUIVALENT TO WHICH CSU COURSE:</b><br><i>(Chair or Dean signature required)</i> | <b>WAIVE WHICH CSU COURSE:</b> |
|---|-------------------------|--|---|--------------------------------|
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**Academic Department:** \_\_\_\_\_

**Advisor's Signature** \_\_\_\_\_

**Date:**     /     /

**Chairperson's Signature** *(when required)* \_\_\_\_\_

**Date:**     /     /

**Dean's Signature** *(when required)* \_\_\_\_\_

**Date:**     /     /