

# 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](mailto:csu-registrar@csu.edu)



CHICAGO STATE UNIVERSITY