Student must sign and submit this form to the appropriate department of the course requested for substitution. The Department Chair approves or denies and forwards to the appropriate Dean. The document is then returned to the Records Office for processing.

**College of Southern Idaho**

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Name: _______________________________       CSI ID#: ___________________

Major: _______________________________

I am requesting the substitution of this course ___________________ for ___________________.

In the space below, please describe, in detail, why you are requesting and should be granted a course substitution. Attach any pertinent information which supports your request. If the space below is inadequate, you may attach additional pages.

Student’s Signature: _______________________________       Date: ________________

☐ Approved       ☐ Denied

Department Head’s Signature: _______________________________       Date: ________________

☐ Approved       ☐ Denied

Instructional Dean’s Signature: _______________________________       Date: ________________

FOR RECORDS OFFICE USE ONLY

Operator: _____________________       Date: ________________________

Rev 02/11/2008