

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.



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COURSE SUBSTITUTION

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: _____