COURSE SUBSTITUTION/WAIVER/TRANSFER REVIEW REQUEST

Student Information

Name: ____________________________

CSI ID#: _______________________

Major: ____________________________

Catalog Year ____________________

I am requesting (check one):

☐ The substitution of the CSI course __________________ (Completed) for CSI course __________ (Required).

☐ The waiver of CSI course _________________. (Attach explanation)

☐ The TRANSFER course __________ be reviewed as equivalent to the CSI course __________. 

(Attach syllabus of course completed)

This course is a: ☐ General Education Requirement ☐ Program Requirement

This request is being initiated by:

☐ Student  ☐ Major Advisor  ☐ Office of the Registrar Staff

Initiator’s Signature: ____________________________ Date: ________________

Approval Signatures

Department Chair: ____________________________ Date: ________________

☐ Approved  ☐ Denied

Instructional Dean: ____________________________ Date: ________________

☐ Approved  ☐ Denied

Registrar: ____________________________ Date: ________________

☐ Approved  ☐ Denied

FOR OFFICE OF THE REGISTRAR USE ONLY

Operator: ____________________________ Date: ________________

Rev 02/14/2020