



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: _____