

CHADRON STATE COLLEGE – Permission to Substitute Requirements

***All non-CSC courses will require a syllabus. If that is not possible, a detailed course description is necessary.**

Student Name: _____ Student ID# _____

Major: _____ Minor: _____

Catalog: _____

Required Course:

_____	_____	_____	_____
Discipline	Course #	Course Title	Credit Hour(s)

Substituted Course:

_____	_____	_____	_____
Discipline	Course #	Course Title	Credit Hour(s)

Substituted course completed where? _____
Full Name of Institution

Substituted course completed when? _____
Semester/Year

If approved, this substitution will be used in: Major Minor Elective

Petitioned By: _____ Date: _____
MM/DD/YY

By submitting this form electronically, I recognize that it will be considered as effective and valid as the original.

Recommendation by Faculty Advisor: Yes No

Faculty Advisor Printed Name: _____ Faculty Advisor Signature: _____

Date: _____
MM/DD/YY

Recommendation by Dept. Chair of Discipline of required course: Yes No

Rationale:

Chair Printed Name: _____ Initials: _____ Date: _____
MM/DD/YY

Decision by Dean of School: Yes No

Dean Signature: _____ Date: _____
MM/DD/YY