

# Chadron State College -- Request for Substitution -- Graduate

\*All Non-CSC Courses require a syllabus. If this is not possible, a detailed course description is necessary.

\*Undergraduate courses may not count for graduate credit.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First

Graduate Study for:  Master of Arts in Education  Master of Education  
(check one)  Master of Business Administration  Master of Science in Organizational Management

If approved, this course will be used as a/an:  Core Course  Required Course  Elective Course  
(check one)

Required Course: \_\_\_\_\_  
Discipline/Dept. Course # Course Title Credit Hour(s)

Substituted Course: \_\_\_\_\_  
Discipline/Dept. Course # Course Title Credit Hour(s)

Substituted course completed where? \_\_\_\_\_ Substituted course completed when? \_\_\_\_\_  
Full Name of Institution Semester/Year

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Student's Signature (typed) Date: mm/dd/yy

\_\_\_\_\_ Advisor Printed Name Advisor Signature Date: mm/dd/yy

\_\_\_\_\_ Chair/Dept. Printed Name Chair/Dept. Signature Date: mm/dd/yy

Decision by Dean of Graduate Studies:  Yes  No

\_\_\_\_\_ Dean of Graduate Studies Signature Date: mm/dd/yy

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