

CHADRON STATE COLLEGE – Permission to Substitute Requirements

***Courses at the 100 or 200 level are not approved for 300 or 400 level required courses.**

***All non-CSC courses will require a syllabus. If this 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 Essential Studies Elective

Recommended and Rationale by Advisor: Yes No

Advisor Printed Name: _____ 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 Curriculum: Yes No

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

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