Request for Course Substitution

Name: ___________________  CHC ID #: __________________
Contact Phone: ______________  CHC email: __________________

**First Step:** Meet with an Advisor to discuss course choice(s), substitution(s), and the reason(s) for the request. You must complete one form for EACH course substitution you are requesting.

**Second Step:** Attach a current and, if available, future semester roster(s) from the my CHC Portal.

<table>
<thead>
<tr>
<th>Course Code and Section</th>
<th>Course Title</th>
<th>Course Start Date</th>
<th>Course End Date</th>
</tr>
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<tbody>
<tr>
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In which school is the above course located? (Please check one.)

<table>
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<tr>
<th>Continuing and Professional Studies (SCPS): _____</th>
<th>Undergraduate Studies (SUS): _____</th>
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Graduate Studies (SGS): ______
(Courses for Graduate credits, only! If you need an undergraduate section of a graduate course, speak with the Registrar’s Office.)

This course will substitute for….

- This **EXACT course** in a major/minor (indicate course):
- A course meeting this **requirement** (indicate requirement):
- An elective in this major/minor (indicate major/minor):
- A general elective – student needs credits to meet minimum for graduation.

Indicate the reason for the request – attach a statement if additional space is needed:

I, the student’s Advisor, approve the **SUBSTITUTION** indicated above.

Advisor’s Signature: ___________________  Date: __________

I, the **STUDENT**, will be bound by the policies and procedures of the location of the approved course substitution, which may be different from the policies and procedures of my other courses. This includes, but is not limited to, registration; grading; class meeting dates/days/times; billing/refund; and all other policies described in the catalog and/or on the syllabus. I also understand that I may incur additional tuition charges and/or fees resulting from a registration request.

Student’s Signature: ___________________  Date: __________

**ADVISOR:** Please forward to the appropriate Dean for substitution approval.

I approve the **SUBSTITUTION** indicated.
SUS: _____  SCPS: _____  SGS: _____

Dean’s Signature: ___________________  Date: __________

I approve the **REGISTRATION** indicated.
SUS: _____  SCPS: _____  SGS: _____

Dean’s Signature: ___________________  Date: __________

**Final Step:** Check your roster on the My CHC Portal. Registration is not guaranteed until the course appears on your roster! Contact the Registrar’s Office in your School if you have any questions.