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>
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In which school is the above course located? (Please check one.)

- **Continuing and Professional Studies (SCPS): ____**
- **Undergraduate Studies (SUS): ____**
  - (Courses for Undergraduate credits, only.)
- **Graduate Studies (SGS): ____**
  - (Must have Senior status and a CGPA of 3.0!)
  - (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.

- SGS: ____ (ONLY!)

Graduate Chair/Coordinator’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.

4/9/2013