



Substitution Request Information Form

This Substitution Request Information Form must be completed for each substitution course. Substitution Request Forms are specific to the degree program you indicate below. Please complete the form and have all your required documents listed below ready to submit to your Advisor prior to scheduling an appointment.

NSHE ID: _____

CSN Student E-Mail Address: _____

Catalog Year: _____ Degree: _____

Academic Plan: _____

Required CSN Course: _____
(Prefix) (Course #) (Course Title) (Credits)

Substitution Course: _____
(Prefix) (Course #) (Course Title) (Credits)

Where and when was the substitution course completed?

Institution: _____

Semester: _____ Year: _____ Grade: _____

The documents listed below are required to complete the substitution request. You must bring all items with you (or have the electronic copies or URL's available) when meeting with the advisor initiating the Substitution Request on your behalf. To schedule an appointment with an advisor, visit <https://www.csn.edu/advising>.

Required Documentation:

- *Unofficial CSN Transcript
- *CSN Degree Sheet with Correct Catalog Year
- *Incoming Catalog Course Description
 - For electronic copies, include the URL on the document where the information can be accessed, along with the course description
 - For paper copies, include the front cover of the school's catalog, copy of the accreditation page, and the course description
- *Transfer Credit Report
 - Only required for courses transferred in from other institutions

DISCLAIMER: Additional documentation may be requested by the Academic Departments when processing substitution requests.

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