

Course Substitution Request Form

Office of the Registrar 9700 West Taron Drive Elk Grove, CA 95757 Registrar@cnsu.edu

INSTRUCTIONS

- Use this form to inform the Office of the Registrar of a course you are using to count towards your CNU degree.
- Courses **must** be approved by the Office of Academic Affairs prior to submitting this form.
- An official transcript of the course being substituted must be on file with the University. If it is not, the student must request an official transcript from their previous university before this form will be processed.
- The substitution will not be approved unless all signatures of approval are complete (see below).

STUDENT INFORMATION				
Name:				
Last		First	Middle	
Student ID#:	Class of:	Date of Birth:	Phone#:	
SUBSTITUTION INFORMATION				
ALL INFORMATION MU	JST BE COMPLETED			
A) I am requesting a substitution for the following course required for my program (course at CNU):				
Course Prefix & Number: Credits			Credits:	
Course Title:				
B) I am requesting this	course be substituted wi	th (course from another	college):	
Course Prefix & Number: Credits:				
Course Title:				
Institution (official tr	ranscript required):			
Student Signature:				:
Current Program of Stud	ly at CNU:			
APPROVAL				
Please check one :		INTERNAL USE ONLY		
□ Recommended f	or Approval	0	Not Recommended for Appro	val
Office of Academic Affairs	Date	Regi	strar	Date
Official Transcript or	n file/received?			
Entered into CAMS: _				
				Updated 12/14 OR