COLLEGE OF SOUTHERN IDAHO
REGISTRAR'S OFFICE

PO Box 1238
Twin Falls, ID 83303-1238
Phone: 208-732-6795
Email: records@csi.edu

COURSE SUBSTITUTION/WAIVER/TRANSFER REVIEW REQUEST

Student Information

Name: _____ **CSI ID#:** _____

Major: _____ **Catalog Year** _____

I am requesting *(check one)**:*

☐ The substitution of the CSI course _____ (Completed) for CSI course _____ (Required).

☐ The waiver of CSI course _____. *(Attach explanation)*

☐ The **TRANSFER** course _____ be reviewed as equivalent to the **CSI** course _____.

(Attach syllabus of course completed)

This course is a: ☐ General Education Requirement ☐ Program Requirement

This request is being initiated by:

☐ Student ☐ Major Advisor ☐ Office of the Registrar Staff

Initiator's Signature: _____ **Date:** _____

Approval Signatures

Department Chair: _____ **Date:** _____

Comments: ☐ Approved ☐ Denied

Instructional Dean: _____ **Date:** _____

Comments: ☐ Approved ☐ Denied

FOR OFFICE OF THE REGISTRAR USE ONLY

Processed By: _____ **Date:** _____

Last Updated 9/2025