

COURSE SUBSTITUTION PETITION

To Determine Applicability to Degree Program and Financial Aid Eligibility

POLICY: A course substitution may be available to a student who desires to take a course outside of the published program of study. The student is subject to the academic calendar of the home campus including course registration and Add/Drop deadlines. If the course meets a degree program requirement, it may be eligible for financial aid. If it does not meet a degree program requirement, it will not be eligible for financial aid. See the Student Handbook for details.

STUDENT INSTRUCTIONS:

1. Select the course you desire to substitute into your degree program.
2. Complete all sections of this form, sign and date it, and submit it to your Department Chair.
3. Once signed by all parties, submit the completed form by the Add/Drop deadline to the Student Support Counselor. The form will not be processed without all required signatures or if submitted after the Add/Drop deadline.

STUDENT SUPPORT CONTACT:

EMAIL: studentsupport@thechicagoschool.edu | PHONE: 800.595.6938 (Opt. 1) | FAX: 312.254.1442

STUDENT NAME: _____ STUDENT ID#: _____

SCHOOL E-MAIL: _____ PHONE#: _____ HOME CAMPUS: _____

TERM/YEAR: _____ DEGREE LEVEL: _____ PROGRAM: _____

Is the Desired Course <input type="checkbox"/> Study Abroad Course OR <input type="checkbox"/> Other, specify:			
Desired Course #	Desired Course Title	Credit Hours	Term/Semester

STUDENT SIGNATURE: _____

Date: _____

DEPARTMENT CHAIR REVIEW – To Determine Applicability to Degree Program and Financial Aid Eligibility			
Meets Degree Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please enter the details of the core or elective course to be replaced below. A course approved for substitution may be eligible for financial aid.			
Cross-Listed Course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Course to be Replaced	Course Title	Credit Hrs	Core or Elective?
Comments:			

DEPARTMENT CHAIR SIGNATURE: _____

DATE _____

ADVISOR SIGNATURE: _____

DATE _____

FOR OFFICE USE ONLY

REGISTRAR REVIEW			
Documents submitted: <input type="checkbox"/> Syllabus	Meets Degree Requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No (Not FA Eligible)	Updated Degree Progress Audit: <input type="checkbox"/> Yes	
Credit Posted: <input type="checkbox"/> Substitution <input type="checkbox"/> Required Core <input type="checkbox"/> Elective <input type="checkbox"/> Concentration <input type="checkbox"/> N/A		# of Credits:	
Revised Grad Date: _____	Registrar Signature: _____	Date: _____	
FINANCIAL AID & STUDENT ACCOUNTS REVIEW			
FA Adjustment Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Financial Aid Processed: (Initial & Date)	
SA Adjustment Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Student Accounts Processed: (Initial & Date)	