

School of Health Sciences Substitution Request Form

A Substitution Request Form must be completed for each substitution course. Substitution Request Forms are specific to the degree program indicated below. **The correct major must be declared on MyCSN prior to submitting a Substitution Request Form.**

Student NSHE ID: _____

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Phone Number: _____ **Email Address:** _____

Catalog Year: _____ **Degree:** _____
(Choose from the options on page 2.)

Academic Plan: _____
(Choose from the options on page 2.)

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

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

Where and when was the **substitution course** completed?

Institution: _____

Semester: _____ **Year:** _____ **Grade:** _____

ALL of the following documents must be attached individually as a PDF or DOC (Word) in order to complete the substitution request:

- *CSN Unofficial Transcript (REQUIRED)
- *CSN Degree Sheet from the correct/declared Course Catalog's year (REQUIRED)
- *Course Description from the incoming institution's Course Catalog for the year the course was completed (REQUIRED)
 - Must include the front cover of the school's catalog, copy of accreditation page, and course description.

CSN Transfer Credit Report

- **Only required for courses transferred in from other institutions**

Note: Additional documentation may be requested in order to process this form. **NO PHOTOS WILL BE ACCEPTED.**

Completed forms and required documentation can be emailed to the department for your Academic Plan (see page 2).

School of Health Sciences Substitution Request Form

Use the following list to fill out the **Degree** and **Academic Plan** options above:

Degree	Academic Plan	Contact
Bachelor of Science	Dental Hygiene	Alma.Pineda@csn.edu
	Nursing (RN to BSN Bridge)	NursingDepartment@csn.edu
Bachelor of Applied Science	Cardiorespiratory Sciences	Collin.Stewart@csn.edu
	Medical Laboratory Scientist	Alma.Pineda@csn.edu
Associate of Applied Science	Diagnostic Medical Sonography – Cardiac/Vascular Track	Collin.Stewart@csn.edu
	Diagnostic Medical Sonography – General/Vascular Track	Collin.Stewart@csn.edu
	Health Information Technology	Collin.Stewart@csn.edu
	Medical Laboratory Technician	Alma.Pineda@csn.edu
	Nursing (LPN to RN)	NursingDepartment@csn.edu
	Nursing (RN)	NursingDepartment@csn.edu
	Ophthalmic Dispensing	Alma.Pineda@csn.edu
	Physical Therapist Assistant	Alma.Pineda@csn.edu
	Radiation Therapy Technology	Alma.Pineda@csn.edu
	Surgical Technology	Collin.Stewart@csn.edu
Veterinary Nursing	Collin.Stewart@csn.edu	
Certificate of Achievement	Dental Assisting	Alma.Pineda@csn.edu
	Medical Assisting	Collin.Stewart@csn.edu
	Medical Coding	Collin.Stewart@csn.edu
	Medical Transcription	Collin.Stewart@csn.edu
	Practical Nursing (LPN)	NursingDepartment@csn.edu