

Alternative Credit Request

This form is intended to assist students in completing a program of study, not simply to accumulate or earn college credits. This form and payment must be completed in its entirety before students can receive alternative credit.

- *Students must be currently enrolled in the term they are requesting Alternative Credit be granted.*
- *Payment must be paid in full prior to the completion of the request.*

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

____ I understand I am assessed a fee equivalent to 20% of the current per credit tuition for the transcription of these courses. Current tuition and fees can be found online at csi.edu/tuition-fees/ (fees are subject to change).

Student's Signature: _____ **Date:** _____
Month Day Year

Type of Alternative Credit

Course: _____ **Course Title:** _____ **Cr Hr(s):** _____
Prefix Number Section

- | | | |
|--|--|---|
| <input type="radio"/> Advanced Placement (C01) | <input type="radio"/> Industry Certificate or Credential (C10) | <input type="radio"/> Vertical Credit (C08) |
| <input type="radio"/> ACT Exam (C04) | <input type="radio"/> Portfolio (C11) | <input type="radio"/> Workforce Training |
| <input type="radio"/> Challenge Exam (C06) | <input type="radio"/> SAT Exam (C05) | <input type="radio"/> Equivalency (C09) |
| <input type="radio"/> CLEP Score (C02) | | |

Successful Completion Signature

Required for Industry Certificate, Vertical Credit, Challenge Exam and Portfolio.

Department Chair: _____ **Date:** _____

Office Use Only		
Amount Paid: _____	Payment Type: _____	Date of Payment: _____
Processed by: _____	Date: _____	