

Alternative Credit Request

Enrollment Services
Taylor Building – Eagle Central

Phone: 208-732-6250 Email: enrollment@csi.edu

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 asse	essed a fee equivalent to 20%	of the current per cr	edit tuition for the	
transcription of these course	es. Current tuition and fees car	n be found online at	csi.edu/tuition-fees/ (fees	
are subject to change).				
Student's Signature:		Date:		
			Month Day Year	
	Type of Alternative	e Credit		
Course:	Course Title: er Section		Cr Hr(s):	
Prefix Numbe	er Section			
	Office Use On	ly		
Amount Paid:	Payment Type:	Date of F	Date of Payment:	
Processed by:		Date:		
i i oocssca by		Dutc		



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/ > "*\$5'0, &%\$\$>0, 2? @A*B0+)'

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