



REQUEST FOR SUBSTITUTION OF SCHOOL OF EDUCATION COURSE REQUIREMENTS

Name _____ Department _____
Address _____ Program _____
City, State, Zip _____ Home Phone _____
Student ID _____ Work Phone _____
[] Program Applicant [] Program Admit

Important: Please complete ONE form for EACH course substitution being requested.

Directions for Completion: 1) Students are to state their rationale for requesting the substitution of School of Education requirements course and attach supporting documentation (including transcripts, course descriptions and course syllabus). Please note: Incomplete petitions will not be evaluated. 2) Students submit complete substitution request to the School of Education, Student Services Coordinator, Stevenson 1078, 1801 E. Cotati Ave. Rohnert Park, CA. 94928 3) Students will receive a copy of the final decision.

COURSE REQUIREMENT BEING PETITIONED _____
(Attach documenting letter, transcripts, course descriptions, etc.)

Justification for Petition: (use separate sheet of paper if needed)

Signature of Student _____ Date _____

STUDENTS DO NOT WRITE BELOW THIS LINE

Instructor's Recommendation:

Signature of Instructor _____ Date _____

- Approved
Denied
Copy to Student
Original to Credentials Office
Copy to Admissions & Records (Credentials Office will send to A&R)

Substitute course: Subject: _____ Course #: _____
Taken at: _____
For: Subject: _____ Course #: _____

Signature of Department Chair _____ Date _____