

COLLEGE OF EDUCATION
 COURSE SUBSTITUTION FORM
 (RELEVANT TO TEACHER LICENSURE ONLY)

STUDENT _____ ID# _____

PHONE NUMBER _____ EFFECTIVE DATE _____

PROGRAM/MAJOR _____ CONCENTRATION _____

In consideration of the unique needs of the above-named student and the academic requirements of the degree and/or teacher licensure program he/she is pursuing, course substitutions as listed below are authorized.

PROGRAM/LICENSURE REQUIREMENTS	APPROVED SUBSTITUTION
Course Number and Title	Course Number and Title

Recommended/Approved By:

 Student Signature

 Department Advisor

 Professional Advisor

 Certification Analyst

REASONS FOR SUBSTITUTIONS:
