

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

STUDENT _____ **STUDENT ID** _____

PHONE NUMBER _____ **EFFECTIVE DATE** _____

PROGRAM/MAJOR _____ **CONCENTRATION** _____

LICENSE NUMBER _____

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

PROGRAM REQUIREMENT	SUBSTITUTION	DEPARTMENT ADVISOR'S
		APPROVAL
Course number and title	Course number and title	Yes / No
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____

RECOMMENDED/APPROVED BY

REASONS FOR SUBSTITUTIONS

STUDENT SIGNATURE

DEPARTMENT ADVISOR **

PROFESSIONAL ADVISOR

CERTIFICATION ANALYST

**** This signature is providing authorization and verification that course substitutions noted herein are consistent with the approved program for meeting state licensure standards.**