

**CLEMMER COLLEGE  
 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.*

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

**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.**