

Credential Program Course Substitution Request

Name _____ Date _____
 Street _____ Student ID # _____
 City _____ State _____ Zip _____ Hm Phone () _____
 Cell/Wk Phone () _____ Email Address _____
 Credential Program _____ Admission Term _____

Students admitted Fall 2006 and after may transfer in courses taken prior to admission but will not be approved for additional course substitutions.

I REQUEST:

CSU Northridge Department and Course Number _____
 Course Title _____

BE SUBSTITUTED WITH:

Dept. and Course # _____ Course Title _____
 This course **will be** taken at _____ in _____
--OR-- I have **already taken** this course at _____ in _____
 (Institution) (Term and Year)

A photocopy of the course description from the catalog year you took or will take this class must be attached.

Requested by: _____
 Signature and Date

Need more info- forwarded to: _____
 Signature Title Date

Recommended _____
 Signature Title Date

Not Recommended **Against Policy**
 Unsatisfactory _____
 Signature Title Date

Approved
 Not Approved _____
 Signature of Credential Office Director Date

Candidate Notified _____ Input _____
 Signature and Date Signature and Date