California State University
Northridge

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY & COUNSELING

Request for Pre-Requisite Course Substitution

Use a **separate form** for each pre-requisite: 314, 600, 430 or 451

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone (____) _____ Best time to call: _____

Work phone (____) _____ Best time to call: _____

E-mail address: _____

Option: (check one)
____ Career ____ College ____ MFT ____ Scl. Couns ____ Scl. Psy ____ Dev/Lrn/Ins ____ Early Childhd

Campus: ____ Northridge ____ Channel Islands (MFT only)

I request a course substitution for EPC _____ on the basis of the following (check one or the other):

____ I believe that an equivalent class was taken:

Term/year: _____ Course number: _____

Course title: _____

Institution: _____

(or)

____ Other (please explain):

_____

_____

Required: Attach a copy of the page of your transcript that shows the grade and term the course was completed and a copy of the description of the course (from the catalog or course syllabus.) Evaluations will not be made without the above items attached to this form.

_____ _____

Signature Date

One copy of this request, with action taken, will be returned to you; original copy, with supporting documents, will be retained by the department.

_____ Approved _____ Disapproved

If disapproved, reason given: _____

_____ _____

Departmental Evaluator Signature Date