

Request for Prerequisite Course Substitution

Use a SEPARATE FORM for each substitution request: Psy 310; EPC 314, 430, 600 or 451
DO NOT submit a form for courses found on the [Pre-approved Prerequisite Course List](#).

Name : _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

E-mail address: _____

Option:

(Circle **one**.) CC CCSS MFT SC SP DLI&E ECE MFT/SC

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

I believe that an equivalent class was taken:

Term/year: _____ Course number: _____ Grade: _____

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 (highlighted) **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: _____

Evaluator Signature: _____ Date: _____