

### Request for Prerequisite Course Substitution

Use a SEPARATE FORM for each substitution request: PSY 310; EPC 314, 430, 451, or 600  
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: \_\_\_\_\_

Program Option: \_\_\_\_\_ *\*Options: MFT, SP, SC, CC/SS, ECE*  
(\*choose one)

I request a course substitution for \_\_\_\_\_ on the basis of the following:

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), a description of the course from the catalog, and a copy of the 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: \_\_\_\_\_