

**Request for Course Substitution or Program Exception
Department of Curriculum and Instruction**

Student's Name: _____ ID#: _____

Date of Request: _____ Teaching Major _____ Telephone #: _____

Mailing Address: _____

E-mail Address: _____ Cumulative GPA: _____

Admission status in Teacher Education: Full _____ Provisional _____

Request:

Reason(s)

If you need more space, use back of this page or attach additional sheet(s). Attach supporting documentation, if appropriate.

Recommendation of instructor, student's advisor, or the chair of the department of the course in question:

_____ Recommend Approval _____ Do not Recommend Approval _____
(Signature and date)

Complete form to here and return to: C&I Administrative Assistant, Teacher Education Services.

Effect on licensure application: _____

(Licensure Specialist signature and date)

Review by Department of Curriculum and Instruction: _____

_____ Request Approved _____ Not Approved _____
(Department of C&I Chair signature and date)