

# COURSE SUBSTITUTION REQUEST FOR TEACHER PREPARATION PROGRAM COURSES

Name \_\_\_\_\_ Student I.D. \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

- Multiple Subject
- Single Subject
- Bilingual Authorization candidate (for 170 only)

Course #	Title	Units	Grade	When Taken	Where Taken	Substitute for CSUS course #

Supporting information:

- Transcript     
  Catalog Description     
  Course Outline     
  Verification of Experience     
  Other \_\_\_\_\_

Approve \_\_\_\_\_  
Faculty Signature

Deny \_\_\_\_\_  
Faculty Signature

Comments: \_\_\_\_\_

\_\_\_\_\_