

**COLLEGE OF EDUCATION
California University of PA**

COURSE SUBSTITUTION REQUEST

NAME _____

MAJOR _____

ADDRESS _____

STUDENT ID # _____

PHONE (_____) _____

FAX (_____) _____

I request permission to amend the _____ curriculum by taking

_____ as a substitute for _____

(course title)

(required course)

My reason(s) for this request is/are as follows:

1. _____

2. _____

3. _____

Date

Student's Signature

DO NOT FILL IN BELOW THIS LINE

I do ____ do not ____ recommend approval for the requested substitution.

(If the request is not approved, a letter of explanation must be attached.)

Date

Department Chairperson

I approve the request for substitution as stated above.

I deny the request for the substitution for the following reason:

Date

Dean, College of Education