



Date Submitted _____

Phone # _____

Please make sure you include the following:

Syllabus or Official Course Description Attached
AND

Unofficial Transcript Attached (If you have already completed the class) If you have not taken this class yet, you will need to provide this after you take the class, unless the grade shows up on your DARs

Request for Course Substitution for Department of Child & Adolescent Development

I, _____

Student Name

Concentration

Request that _____

Course #

Course title

Units

Taken at _____

College or University

Grade Received

(Please attach a copy of the course description)

Be accepted in lieu of _____

Course #

Course Title

Units

Or to meet area requirements: _____

Area (e.g., Specific cultures, curriculum specialties development, oral communication)

Explain your justification for this request:

Have you completed this class already? yes no

If yes, you must turn in your transcripts with the substitution petition

(area below to be filled out by Department Chair only)

Approved

Denied

Department Chair Signature

Date