Date Submitted ___________ Phone #________________

Please make sure you include the following:

- Syllabus or Official Course Description Attached
- 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 _____  ________________________________

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course title</th>
<th>Units</th>
</tr>
</thead>
</table>

Taken at ___________________________________________________________________

College or University  Grade Received

(Please attach a copy of the course description)

Be accepted in lieu of _____  ________________________________

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
</table>

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