

MULTIPLE SUBJECT CREDENTIAL PROGRAM COURSE SUBSTITUTION FORM

Equivalent courses must be taken at a 4-year university or college to be considered for this request. Please note that Master's courses are not equivalent to credential methodology courses.

Name: _____

Date of Application: ____/____/____

Address: _____

Student ID Number: _____

Teaching Major: _____

Phone #: _____

Email: _____

*Please indicate the corresponding course(s) for which you are requesting a substitution. Attach supporting documentation:
1) Course Syllabus 2) Transcripts.*

Substitution of Credential Coursework:

	<u>Course No./Title completed</u>	<u>Grade</u>	<u>University/College</u>	<u>Director or Faculty Initials</u>
EDEL 5100	_____	_____	_____	____ accepted ____ denied
EDEL 5200	_____	_____	_____	____ accepted ____ denied
EDEL 5300	_____	_____	_____	____ accepted ____ denied
EDEL 5400	_____	_____	_____	____ accepted ____ denied
EDEL 5500	_____	_____	_____	____ accepted ____ denied
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EDTE 3000	_____	_____	_____	____ accepted ____ denied
EDTE 4100	_____	_____	_____	____ accepted ____ denied
EDTE 4200	_____	_____	_____	____ accepted ____ denied
EDTE 3308	_____	_____	_____	____ accepted ____ denied

_____ Applicant Signature

Date _____

Substitution request reviewed by: _____ <div style="text-align: center; margin-top: 10px;"> _____ <i>Director</i> </div>	Office Use Only <div style="text-align: center; margin-top: 10px;"> _____ <i>Date</i> </div>
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