

# SINGLE 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>
EDSE 5100	_____	_____	_____	____ accepted ____ denied
EDSE 5200	_____	_____	_____	____ accepted ____ denied
EDSE 5300	_____	_____	_____	____ accepted ____ denied
EDSE 5400	_____	_____	_____	____ accepted ____ denied
EDSE 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>	<b>Office Use Only</b>  <div style="text-align: center; margin-top: 10px;">                     _____  <i>Date</i> </div>
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