## Request for Course Substitution or Program Exception Department of Teaching and Learning

Student's Name:		
Date of Request:	Teaching M	Major Telephone #:
Mailing Address:		
E-mail Address:		Cumulative GPA:
Admission status in Teacher Educat	ion: Full	Provisional
Request:		
Reason(s)		
If you need more space, use back of this pa	ge or attach additional she	eet(s). Attach supporting documentation, if appropriate.
Recommendation of instructor, stud	ent's advisor, or the ch	nair of the department of the course in question:
	Recommend	d Approval Do not Recommend Approval
Signature	Date	
Complete for	m to here and return	to Teacher Education Services.
Effect on licensure application:		
Licensure Manager signature	Date	
Licensure Manager signature  Review by Department of Teaching		
		Request Approved Not Approved