

**Authorized Signatory** 

Comments:

For Office Use Only							
Date Received:							
Initials:							

## **Course Substitution Request**

				on request				
Clinical Exper	riences and Partnerships Of	fice • Madera Hall 29	900 • One University Drive	• Camarillo, CA 9301	12 • (805) 43	37-8953 • <u>cr</u>	edential.assistant	@csuci.edu
Credential	Program:	□Multiple S	ubject □Single S	ubject □Edu	cation S	pecialis	t	
Name:		Student ID:			Date:			
Phone:		Email Address:						
	applied to the Pre at term and year?		Credential Progra —	m?	□Yes		lNo	
<ol> <li>A co</li> <li>Cata</li> <li>Syll</li> </ol>	s form to credentia opy of your unoffi alog course descrip labi for course/s.	cial transcript	suci.edu with <u>all</u> of as showing grade, to year you took the	erm, and cours course/s.			:	
Once a dec	ision has been mad	de, you will b	e notified via e-ma	11.				
CI	CI Course Title	Equivalent	Equivalent Course Title	College/Univ. of equivalent course	Units	Term Year	Authorized Initials	
Course #		Course #					Approved	Denied
			FOR OFFICE USE C	NLY:				

Signature

Date