

## Course Substitution Request

Credential Services • Madera Hall 2900 • One University Drive • Camarillo, CA 93012 • (805) 437-8953 • [credential.assistant@csuci.edu](mailto:credential.assistant@csuci.edu)

**Credential Program:**     Multiple Subject     Single Subject     Education Specialist

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Have you applied to the Pre-requisite or Credential Program?**     Yes     No  
**If yes, what term and year?** \_\_\_\_\_

**Instructions:**

Submit this form to Credential Services with the following items attached:

1. A copy of your official transcripts showing grade, term, and course completion.
2. Catalog course description from the year you took the course/s.
3. Syllabi for course/s.

Note: Course/s must have been completed within the last 5 years. Any course/s over completed over 5 years ago will not be approved for substitution.

Once a decision has been made, you will be notified via e-mail.

CI Course #	CI Course Title	Equivalent Course #	Equivalent Course Title	College/Univ. of equivalent course	Units	Term Year	Authorized Initials	
							Approved	Denied

**FOR OFFICE USE ONLY:**

Coordinator/Credential Analyst Name	Signature	Date
Coordinator/Credential Analyst Name	Signature	Date
Comments: _____		