California State University | School Of EDUCATION | CHANNEL ISLANDS

For Office Use Only
Date Received: _____
Initials: _____

Course Substitution Request

Clinical Experiences and Partnerships Office • Madera Hall 2900 • One University Drive • Camarillo, CA 93012 • (805) 437-8953 • credential.assistant@csuci.edu

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

Name: _____ **Student ID:** _____ **Date:** _____

Phone: _____ **Email Address:** _____

Have you applied to the Prerequisite 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 unofficial transcripts showing grade, term, and course completion.
2. Catalog course description from the year you took the course/s.
3. Syllabi for course/s.

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:

_____ _____ _____
Credential Chair **Signature** **Date**

Comments:
_____

_____