Course Substitution Request

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.assistant@csuci.edu with **all** of 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.
4. Lower division courses may not be substituted for credential prerequisite classes.

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:

_____ _____ _____
Authorized Signatory   Signature   Date

Comments:
_____
_____

Updated 03/2024