

Student's Name: _____

Program Advisor's Approval (signature & date): _____

I. T. Program Area Coordinator's Approval (signature & date): _____

Area of Instructional Technology

Department of Curriculum and Instruction

REQUEST FOR COURSE SUBSTITUTION

Please use this form to suggest a course and/or relevant professional experience other than those usually included in the Program of Work that fulfills a specific program requirement. Please list the course's department, number, and complete title below, along with the semester and year taken and other explanation necessary to document this program change.

Please note several points:

- ① *No course taken to satisfy requirements for a previously-earned degree can be included on this form.*
- ② *All coursework for a graduate degree must be taken within six consecutive years.*
- ③ *If a course requirement is waived for an individual student due to relevant professional experience, another course, chosen in consultation with the student's program advisor, must be taken so that the total number of hours required is still accumulated.*

Required Course:

**Course Requested to Substitute
(Department, Number, Title, Semester, & Year):**

Rationale:

When a decision is reached by the I.T. Program Area Coordinator about the substitution that you requested, you will receive an electronic mail message notifying you of the nature of

and reasoning behind the decision. This form will stay in your student file in a locked file drawer in the I.T. office for future reference.

If you would like to receive a paper copy of the completed form, please message the I.T. office assistant by e-mail, requesting duplication. S/he will reply to your message, telling you when you can come into the I.T. office to retrieve the copy.