



Authorization for Course Substitution

Student Name: _____

Student I.D.: _____

Credential Name: _____

- | | | |
|-----------------------------------|---|---|
| Multiple Subjects: | <input type="checkbox"/> Preliminary | <input type="checkbox"/> Professional Clear |
| Single Subject: | <input type="checkbox"/> Preliminary | <input type="checkbox"/> Professional Clear |
| Education Specialist: | <input type="checkbox"/> Level I, Preliminary | <input type="checkbox"/> Level II, Professional Clear |
| Clinical Rehabilitative Services: | <input type="checkbox"/> Professional Clear | |

Substitution Recommended				Equivalent Program Requirement / SFSU			
Course Prefix & Number	Abbreviated Title	Units	Institution	SFSU Course No.	Units	Approved	Denied *
Provide a complete address for return-mail. All documents will be returned directly to student. Provide documents to Credential Analyst at time of Application for Credential.							

* Rational for substitutions denied:

Department Chair/Designee:

Date:
