
REQUEST FOR COURSE SUBSTITUTION OR CHANGE OF PROGRAM PLAN

The Request form and documentation (see Coursework Information below) may be submitted in person or by mail to the Jim and Judy Watson COE Student Services. Please note that Palm Desert Campus (PDC) applicants may submit the Request form with the requested documentation to the PDC Education Office to be forwarded to the Jim and Judy Watson COE Student Services.

***MASTERS PROGRAM OPTIONS:** **Masters in:** Education: Bilingual/Cross-Cultural; Career & Technical Education; Correctional & Alternative Education; Curriculum & Instruction; Environmental Education; Health Education; Instructional Technology; Kinesiology; Language, Literacy & Culture; Reading/Language Arts; Secondary; Science Education; Special Education (Early Childhood Special Education, Mild/Moderate and Moderate/Severe); Teaching English to Speakers of Other Languages; M.S. in Counseling and Guidance; M.A. in Educational Administration; M.A. in Interdisciplinary Studies (Integrative Studies in Education); and M.A. in Rehabilitation Counseling

***NOTE:** Students concurrently pursuing a masters and credential program may process one request for both objectives.

CREDENTIAL PROGRAM OPTIONS: **Credential** program options include: Adapted Physical Education; Administrative Services; Designated Subjects; Education Specialist (Early Childhood Special Education, Mild/Moderate and Moderate/Severe); Multiple Subject; Pupil Personnel Services (School Counseling, School Psychology and Social Work); Reading and Language Arts; Resource Specialist; School Nurse; Single Subject; Supervision and Coordination

BACHELOR'S PROGRAM OPTION: Bachelor's program option includes: Bachelor's of Vocational Education (BVE)

If this Request for Course Substitution will be used to change your official Graduate Approved Program Plan, please check box and indicate the Advancement to Candidacy date. (If you are uncertain of your advancement to candidacy date, contact the College of Education, Masters Programs Office at (909) 537-5293.)

COURSEWORK INFORMATION: Please indicate the exact number and title of course (one course per form) requesting substitution in the "Course to be Substituted" area. Include the following information in the "Course(s) used for Substitution" area: The exact course number(s); title(s) of course(s); Institution(s) where completed; term/date course(s) taken; grade(s) earned and quarter units earned (Semester units X 1.5 = Quarter units). In addition, the following documentation needs to be attached to your request: 1) A course description (that is consistent with the year that course was/will be completed) from the college/university catalog. If the course description is vague, it is recommended that a copy of the course syllabus also be attached; and 2) Verification of grade (i.e., transcript or grade card).

ADVISOR'S RECOMMENDATION: (FOR OFFICE USE ONLY): Students are recommended to seek the advisement and signature from their assigned advisor prior to submitting the form to the program coordinator for their review and signature.

NOTE TO RYAN INITIAL BASIC CREDENTIAL STUDENTS: Requests for the substitution of statutory requirements (Special Education Mainstreaming, Health Education and Computer Education/Technology) for the Professional Clear Ryan initial basic (Multiple Subject, Single Subject and/or Education Specialist) credential are evaluated and signed by the Credential Analyst (acting as the Program Coordinator).

PLEASE COMPLETE THE ATTACHED FORM AND RETURN TO THE JIM AND JUDY WATSON COE STUDENT SERVICES OR THE PALM DESERT CAMPUS FOR DISTRIBUTION TO THE APPROPRIATE PROGRAM COORDINATOR AND/OR CREDENTIAL ANALYST.

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PERSONAL INFORMATION

Name: _____ SID#: _____
Mailing Address: _____ E-Mail Address: _____
City/State/Zip Code: _____
Home Phone: () _____ Work Phone: () _____

PROGRAM INFORMATION

List the type of credential/certificate or master program: _____

Indicate a check (✓) next to the appropriate objective: [] Credential/Certificate [] *Master

*If Master objective has been checked, please indicate if Advancement to Candidacy has been officially processed:

[] Yes. Date Advanced: _____ [] No

COURSE WORK INFORMATION

Indicate the exact CSUSB prefix, number and title of the course to be substituted. If more than one, please submit a separate request form for each course:

Course Prefix & Number: _____ Course Title: _____
(Example: EDUC 603) (Example: Effective Communications in Education)

Indicate the exact prefix & number, title and additional information to be used for this substitution:

Course Prefix & Number: _____ Course Title: _____

Institution Attended: _____

Term/Date Completed: _____ Grade Received: _____ Units Received: _____ Quarter/Semester: _____

ADVISOR'S RECOMMENDATION

Indicate if a faculty advisor is recommending this substitution: [] Yes [] No

Comment(s): _____

Advisor's Signature: _____ Date: _____

PROGRAM COORDINATOR/CREDENTIAL ANALYST

After reviewing the information provided, the Request for Course Substitution or Change of Program Plan has been:

[] *APPROVED [] DENIED

*Applicable towards the MASTERS program? [] YES [] NO

*Applicable towards the CREDENTIAL/CERTIFICATE program? [] YES [] NO

Program Coordinator's Signature: _____ Date: _____

Comment(s): _____