

**REQUEST FOR COURSE SUBSTITUTION OR CHANGE OF PROGRAM PLAN**

**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): \_\_\_\_\_