

Single Subject Credential Program Course Substitution Request

Student Information

Last Name _____ First Name _____ Former Name (If applicable) _____
 Student ID _____ Fresno State Email: _____@mail.fresnostate.edu

Course Information

| Course # | Title | Units | Grade | When Taken | Where Taken | Substitute for Fresno State Course # |
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Supporting Information *required

*Transcript
 *Catalog Description
 *Course Outline
 Other _____

Approve Faculty Signature: _____
 Deny Faculty Signature: _____
 Comments:

