

**Sonoma State University
School of Education
Request for Substitution of SoE Course Requirements**

Candidates, please complete top portion of form.

Last Name First Name Middle Name Maiden/Former Names(s)

Street City State Zip (____) _____ - _____
Cell Phone

Email Address SSU ID# Department Program

____ Program Applicant ____ Program Admit

Important: Please complete ONE form for EACH course substitution being requested.

Directions for Completion:

- 1) Students are to write their rationale for requesting the substitution of School of Education requirements course and attach supporting documentation (including transcripts, course descriptions and course syllabus). Please note: Incomplete petitions will not be evaluated
- 2) Students submit complete substitution request to the School of Education, Student Services Coordinator, Stevenson 2011, 1801 E. Cotati Ave. Rohnert Park, CA 94928.
- 3) Students will receive a copy of the final decision.

COURSE REQUIREMENT BEING PETITIONED: _____
(Attach documenting letter, transcripts, course descriptions, etc.)

Justification for Petition: (use separate sheet of paper if needed):

Signature _____ **Date** _____

Please print, sign and submit this form
Students do not write below.

Instructor's Recommendation: _____

Signature of Instructor _____ **Date** _____

Substitute Course Subject: _____

Course #: _____ **Taken At:** _____ **For: Subject:** _____ **Course #** _____

Approved ____ **Denied** ____ **Copies to: Chair** ____ **ELSE** ____ **Candidate** ____ **Credential Office** ____

Signature of Department Chair _____ **Date** _____