

# UNIVERSITY OF FLORIDA COLLEGE OF EDUCATION

## Petition to **SUBSTITUTE** a Required Course in State and CAEP Approved Programs

**COURSE SUBSTITUTIONS:** Course substitutions can only be made with prior approval from the Associate Dean for Student Affairs. To request a course substitution, complete this petition with your Advisor. Submit the completed form to the Office of Student Service, G-416 Norman Hall. In addition, attach a copy of your planned program form.

Student Name \_\_\_\_\_

UFID \_\_\_\_\_

**Program (please check)**

**Classification (please check)**

<input type="checkbox"/> Educational Leadership	<input type="checkbox"/> School Counseling & Guidance
<input type="checkbox"/> English Secondary ProTeach	<input type="checkbox"/> School Psychology
<input type="checkbox"/> Elementary SITE –based	<input type="checkbox"/> Science Secondary ProTeach: <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics
<input type="checkbox"/> Reading	<input type="checkbox"/> Social Studies Secondary ProTeach

<input type="checkbox"/> Post-Bac
<input type="checkbox"/> MED
<input type="checkbox"/> EDS
<input type="checkbox"/> PHD/EDD

EMAIL \_\_\_\_\_

local phone number \_\_\_\_\_

Required Course \_\_\_\_\_  
*Course number                      Course title                      Credit*

Requested Substitute \_\_\_\_\_  
*Course number                      Course title                      Credit                      Semester*

Name of Institution where course was taken (if applicable) \_\_\_\_\_

- 1) Attach a photo-copy of the course description
- 2) Attach a course syllabus from the transferring institution (include the chapter topics covered in course).
- 3) Attach a photo-copy of the accreditation statement from the school where you took the class – usually found in the front of the catalog. (Not necessary for nationally known schools.)

Reason for substitution \_\_\_\_\_  
\_\_\_\_\_

Program Coordinator's name \_\_\_\_\_

If this course is in EAS, how will Program ensure candidate has demonstrated competency?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Program Coordinator's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Graduate Coordinator Signature      Date*  
*(if applicable)*

**STUDENT AFFAIRS ACTION**

Approved                       Denied                      Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Associate Dean for Student Affairs Signature*

\_\_\_\_\_  
*Date*