

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 program coordinator. Submit the completed form to the EduGator Central Office of Student Service, 1002 Norman Hall, or electronically to studenthelp@coe.ufl.edu.

Student Name _____ UFID _____

EMAIL _____

Program (please check)

<input type="checkbox"/> Early Childhood BAE	<input type="checkbox"/> School Counseling & Guidance
<input type="checkbox"/> Educational Leadership	<input type="checkbox"/> School Psychology
<input type="checkbox"/> Elementary BAE	<input type="checkbox"/> Secondary English EPI
<input type="checkbox"/> Elementary SITE EPI	<input type="checkbox"/> Secondary EPI

Classification (please check)

<input type="checkbox"/> Bachelor
<input type="checkbox"/> Postbac
<input type="checkbox"/> Master
<input type="checkbox"/> Specialist
<input type="checkbox"/> Doctorate

Required Course _____
Course number & title *Credit*

Requested Substitute _____
Course number & title *Credit* *Grade* *Semester*

Name of Institution where course was taken _____

- 1) Provide the course description from the catalog of the transferring institution
- 2) Provide the course syllabus from the transferring institution (include the chapter topics covered in course) for the term the course was completed.
- 3) Was the program nationally accredited and/or state approved? If so, list all that apply in the reasoning below

Reason for substitution _____

Program Coordinator's name _____

If this course is in LiveText, how will Program ensure candidate has demonstrated competency?

Student's Signature _____ Date _____

Program Coordinator's Signature _____ Date _____
Graduate Coordinator Signature _____ Date _____
(for graduate-level courses)

STUDENT AFFAIRS ACTION

Approved Denied Date _____

Comments: _____

Associate Dean for Student Affairs Signature _____ Date _____