

Request for Course Substitution
Department of Curriculum and Instruction (EDCI)

Name: _____ Student ID # _____

Email Address: _____ EDCI Program _____

Admit Semester: _____ Degree Sought: _____

Title and Number of required Course: _____

Title and Number of substitution Course: _____

Institution where completed: _____ Department: _____

Semester of Completion: _____ Grade Received: _____

Attach a **copy of the syllabus** for the course being requested as the substitute.

NOTE: The EDCI Graduate Research and Educational Leadership (GREL) Committee review all requests once per month during the Fall and Spring Semesters. Requests must be submitted at least one week prior to the scheduled GREL meeting, which is typically the second Friday of each month except winter, spring and summer break.

Advisor Approval: _____ Date _____

(Required prior to GREL review)

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