



# GRADUATE COLLEGE of EDUCATION

Credential & Graduate Services Center  
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## AUTHORIZATION FOR COURSE SUBSTITUTION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credential Name *(please indicate your choices)*:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Preliminary | <input type="checkbox"/> Multiple Subject                 |
| <input type="checkbox"/> Clear       | <input type="checkbox"/> Single Subject                   |
|                                      | <input type="checkbox"/> Education Specialist             |
|                                      | <input type="checkbox"/> Clinical/Rehabilitative Services |

Substitution Requested				Equivalent Program Requirement / SF State			
Course Prefix & Number	Abbreviated Title	Units	Institution	SF State Course Number	Units	Approved	Denied*
<i>All documents will be returned directly to student. Provide documents to Credential Analyst at time of Application for Credential.</i>			<b>*Rationale for substitutions denied:</b>				

**NOTE: For substitutions related to a master's degree, obtain appropriate SF State Graduate form.**

Department Chair/Designee (*signature*):

Date: