

University of Houston Clear Lake

College of Education Course Substitution Request

Submit to Academic Advising Office in B1231

Name: _____ ID: _____

Address: _____

City/State/Zip: _____

Phone number: _____ Email: _____

REQUIRED COURSE	SUBSTITUTION ¹	INSTITUTION ²	SEMESTER ³	OFFICE USE ONLY
				Appr ___ Deny ___
				Appr ___ Deny ___
				Appr ___ Deny ___
				Appr ___ Deny ___

¹Students seeking master's degrees must obtain the faculty advisor's signature for all requests.

²Students taking off-campus courses **MUST** submit a transcript to the UHCL COE showing successful completion of the course.

³Off-campus courses may **NOT** be approved for the final semester before graduation.

Note: For a Course Substitution to be approved for a non-UHCL course, the student must provide a transcript showing the grade made in the course and the syllabus used when taking the course. The syllabus will not be reviewed if it does not contain at least the following: course number, course title, name of the institution, name of the instructor, clearly stated course objectives/goals, textbook citation (if applicable), dates for each class meeting, details of topics covered in each class, the grading policy, and a detailed description of each assignment

Justification for each request (required): _____

For course substitutions: I understand that I have requested permission to take a course that is not part of my degree and/or certification requirements. I acknowledge that my Academic Advisor informed me that changes in my degree and/or certification plan are not in my best interest, may affect the academic integrity of my degree/certification, and may not adequately prepare me for materials that will be on the state assessment. I accept full responsibility for any negative consequences to my academic standing, grade point average, or anticipated graduation date if given approval for the above course substitution.

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Please allow at least 2-3 weeks for the processing of this request. You will receive official notification in one of two ways. Either a copy of this form will be mailed to you, or you will receive an email from the Associate Dean of the School of Education.

For Office Use Only

Comments: _____

Authorizing Signature: _____ Date: _____