EPFA Department
Petition for Course Substitution

Name: _____ Date: _____

PSU ID: _____ Advisor: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Term Admitted to PSU: _____

I request that_____
a requirement for *(check one)* ____MA/MS IAL ____IAL ____CAL

be substituted for_____

In support of this request, I submit the following attachments: *(Required)*

Transcript ____ Syllabus ____ ***OR*** Catalogue Description ____

Other: _____

Student Signature: _____

ADVISOR RECOMMENDATION:

Approve____
Do not approve____
Refer to Program Faculty____

Recommendation based on:

- Examination and/or demonstration of competence
- Experience
- Substitution
- Other(*Comment*): _____

Advisor Signature: _____

DEPARTMENTAL ENDORSEMENT:

Approve ____
Denied _____

(*Comment*): _____

_____

Signature: _____ Date: _____
Program Coordinator