
Name _____ PSU ID _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address (print clearly) _____ Phone _____

Term admitted to PSU (if current student) _____ Advisor (if current student) _____

I request that the course _____ taken at _____

be substituted for PSU's course _____.

The course is a (*check one*) prerequisite required course

In support of this request, I submit the following attached evidence:

Copy of transcript with course(s) highlighted (required)

Copy of course description(s) (required)

Copy of course syllabus (required)

Other _____

Stop and submit to the Counselor Education Department for review

Return this form to the Counselor Education Department: gsecoun@pdx.edu, or mail to:

Counselor Education-COUN
PO Box 751
Portland, OR 97207

PSU COUN Instructor Recommendation

Approve (*Comment*) _____

Do not approve _____

Instructor Signature _____

PSU COUN Advisor Recommendation (if applicable)

Approve (*Comment*) _____

Do not approve _____

Advisor Signature _____

PSU COUN Department Endorsement

Approved (*Comment*) _____

Denied _____

Department Chair Signature _____