

SUBSTITUTION REQUEST FORM **COUN 176 – Counseling and Mental Health**

Last Name	First Name	Middle Initial
Talada a a (a fara a)	Email:	Fresno State ID:
Telephone (primary):	Email:	Flesho State ID.
Intended Graduate Program:		
Substitute course title:		
Institution where the course was ta	ken:	
	INSTRUCTIONS	
DO NOT SUBMIT:		
	e equivalent course (PSYCH 66 or 166	3)
 if course is an "Abnormal with program application. 	Psychology" course from another instit The course must show as "Abnormal	tution. (In this case, submit transcripts
• if course is older than 10	•	
Provide the following in a cor ✓ This form	nplete packet:	
✓ Copy of the course syllab	us	
 ✓ Copy of your transcript wing "C" or better. 	ith the grade you received (highlighted)	Course must be completed with a
✓ Copy of catalog description	on (highlighted)	
Submit this form along w	ith the required documents to th	ne program coordinator for review
	FOR OFFICE USE ONLY	′
☐ Approved		
☐ Denied		
Program Coordinator		Date