

SUBSTITUTION REQUEST FORM ERE 153 - Educational Statistics

Last Name	First Name	Middle Initial
Telephone (primary): Email:		Fresno State ID:
Institution where the course was taken:		
INSTRUCTIONS		
 DO NOT SUBMIT: if course is lower division if course is a Community College course if course is a Fresno State equivalent course (PSYCH 144/143, SWRK 171/176, DS 123, HS 202, SOC 125) if course is older than 10 years 		
Provide the following in a complete packet: ✓ This form ✓ Copy of the course syllabus ✓ Copy of your transcript with the grade you received (highlighted) Course must be completed with a "C" or better. ✓ Copy of catalog description (highlighted) Submit this form along with the required documents to Dr. Christian Wandeler - cwandeler@mail.fresnostate.edu		
	FOR OFFICE USE ONLY	
☐ Approved ☐ Denied		

Graduate Programs Coordinator ______ Date _____