FRESNO STATE
Kremen School of Education and Human Development

SUBSTITUTION REQUEST FORM

COUN 174 – Introduction to Counseling

Last Name _____ First Name _____ Middle Initial _____

Telephone (primary): _____ Email: _____ Fresno State ID: _____

Intended Graduate Program: _____

Substitute course title: _____

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 174)
- 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 the program coordinator for review.

FOR OFFICE USE ONLY

☐ Approved
☐ Denied

Program Coordinator _____ Date _____