

Multiple Subject Credential Program Course Substitution Request

Student Information

Last Name _____ First Name _____ Former Name (If applicable) _____
 Student ID _____ Fresno State Email: _____@mail.fresnostate.edu

Course Information

Course #	Title	Units	Grade	When Taken	Where Taken	Substitute for Fresno State Course #

Supporting Information *required

*Transcript
 *Catalog Description
 *Course Outline
 Other _____

Approve Faculty Signature: _____
 Deny Faculty Signature: _____
 Comments:

