

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 of the course is a Fresno State equivalent if course is older than 10 years 		
<u>better</u> .	ade you received (highlighted)	Course must be completed with a "C" or
 ✓ Copy of catalog description (highli Bring the completed packet to the 	,	es Center ED 100 or mail to:
Kremen Scho Attr	ool of Education and Human De n: Graduate Admissions Analys 5 North Maple Ave. M/S ED 30 Fresno, CA. 93740	evelopment st
	FOR OFFICE USE ONLY	
☐ Approved ☐ Denied		

Date

Program Coordinator