

SUBSTITUTION REQUEST FORM Writing Competency

Last Name	First Name	Middle Initial
Telephone (primary):	Email:	Fresno State ID:
Intended Graduate Program:		r roome etate ib.
Substitute course number & tit		
Institution where the course wa	as taken:	

INSTRUCTIONS

DO NOT SUBMIT:

- if course is older than 10 years
- if course is a Fresno State equivalent course (any Fresno State "W" course with a "B" or better)

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 "B" or better.
- ✓ Copy of catalog description (highlighted)
- ✓ A writing sample from the course

Bring the completed packet to the Education Student Services Center, ED 100 or mail to:

Kremen School of Education and Human Development Attn: Graduate Admissions Analyst 5005 North Maple Ave. M/S ED 701 Fresno, CA. 93740

FOR OFFICE USE ONL	Υ
□ Approved □ Denied	
Graduate Programs Coordinator	Date