Graduate Course Substitution Form

Student’s name: ___________________________________ Date: __________________

Advisor’s name: __________________________________

AU Graduate Course for which substitution is requested:

Number: ________________________________

Title: __________________________________________________________________________

Graduate course acting as substitute: (attach (1) Syllabus (2) Bulletin Description)

University Where Taken__________________________________________________________

Department and Course Number: ________________________________ Credit Hours _____

Course Title: ____________________________________________________________________

Instructor (Incl degree & specialty)__________________________________________________

Text(s) Used_____________________________________________________________________

Semester & Year Course Taken: ___________ Grade (Must be A or B): ________________

Transcript must be in student file prior to approval. Substitution for core psychology courses must be approved by entire Counseling Psychology Faculty. Attach endorsement by COP faculty if appropriate.

Action: (check one)
This petition is: Approved__________ Disapproved__________

__________________________________ _________________
Advisor COP Director of Training

copies to: Student
Advisor
Student’s folder
Director of Counseling Psychology Training Fm Revised 2/07