

OFFICE OF THE REGISTRAR

45 Eureka St., Pasadena, CA 91103 TEL 626.529.8076 RegistrarOffice@pacificoaks.edu

COURSE SUBSTITUTION FORM

A course substitution is a course that takes the place of a required course in a curriculum, provided it meets the content and/or spirit of the requirement. Approval is not guaranteed.

Please note that all program unit value requirements MUST be met. If a substitution is approved for a course of lesser value than the original required course, the student must make up the credits by completing additional course(s).

This request must also be accompanied by an Add/Drop Form to be considered for approval.

SECTION I: STUDENT INFORMATION				
Name:			Student ID#:	
PO Email:			Campus:	
Address:		City:		
State:	Zip Code:	Preferred Phone:	:	
Faculty Advisor Name:			Faculty Advisor Email:	
Current Academic Program:				
Degree Level (Select): Discipline (Select):				
SECTION II: SUBSTITUTION INFORMATION				
DEPT Class #	Class Title		Units	
(e.g. HD) (e.g. 500)	Oldss Title		OTHIS	
Required Course:				
Substitution Course:				
Competency Satisfied:			·	
Communication	Diversity	Profe	essional Teaching Credential	
Clinical	Field Work	Rese	earch Other:	
Development	Praxis		cialization	
Term in which substitution was/will be completed: Justification:				
Year	Semester/Session			
Fall	Fall 1 Fal	II 2		
Sprir		ring 2		
Sum		mmer 2		
SECTION III: STUDENT ACKNOWLEDGMENT				
Student Signature:	Date:			
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SECTION IV: APPROVAL				
Faculty Advisor Signatur	Date:			
Academic Dean Signati	ure:		Date:	
SECTION V: PROCESSING				
Registrar Initials:	Date Red		Date Processed:	

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Date: 20240408