



Education for a socially just world

Educator Licensure Advisory Council: ELAC COURSE SUBSTITUTION

Student's Name (full first name, middle initial, last name)

| | |
|-------------|------|
| Student ID# | Date |
|-------------|------|

Licensure Program (field and grade level of license, i.e. "teacher of biology 5-12" or "school counselor PreK-8")

A substitution has been granted for the following

Course Number:

Course Title:

The course that is *now being used as a substitute*

Course Number:

Course Title:

Rationale for the course substitution

Attach a substitute course syllabus (required):

Program Director or Program Coordinator: _____ Signature: _____ Date: _____

Student: Name: _____ Signature: _____ Date: _____