

University of Houston Clear Lake

School of Education

Course Substitution Request / Off-Campus Course Permission Form

Name: _____ ID: _____

Address: _____

City/State/Zip: _____

Phone number: _____ e-mail: _____

REQUIRED COURSE	SUBSTITUTION ¹	INSTITUTION ^{1,2}	SEMESTER ^{1,2}	OFFICE USE ONLY
				Approved/Denied
				Approved/Denied
				Approved/Denied
				Approved/Denied

¹Students seeking master's degrees must obtain the faculty advisor's signature for all requests and **MUST** provide a course syllabus for off-campus courses.

²Students taking off-campus courses **MUST** submit a transcript to the UHCL School of Education showing successful completion of the course. Off-campus courses may **NOT** be approved for the final semester before graduation.

Justification for each request (required): _____

For course substitutions: I understand that I have requested permission to take a course that is not part of my degree and/or certification requirements. I acknowledge that my Academic Advisor informed me that changes in my degree and/or certification plan are not in my best interest, may affect the academic integrity of my degree/certification, and may not adequately prepare me for materials that will be on the state assessment. I accept full responsibility for any negative consequences to my academic standing, grade point average, or anticipated graduation date if given approval for the above course substitution.

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Please allow at least 2-3 weeks for the processing of this request. A copy of this form will be mailed to you at the address given above and will serve as official notification of your request.

For Office Use Only

Comments: _____

Authorizing Signature: _____ Date: _____