Request for Course Substitution
Department of Curriculum and Instruction (EDCI)

Name: ___________________________________________ Student ID #: _____________________

Email Address: ___________________________________ EDCI Program _______________________

Admit Semester: ____________ Degree Sought: ___________________

Title and Number of required Course: ______________________________________________________

Title and Number of substitution Course: __________________________________________________

Institution where completed: _______________________________ Department: _________________

Semester of Completion: _________________________________ Grade Received: ________________

***Attach a copy of the syllabus for the course being requested as the substitute.***

NOTE: The EDCI Graduate Research and Educational Leadership (GREL) Committee review all requests once per month during the Fall and Spring Semesters. Requests must be submitted at least one week prior to the scheduled GREL meeting, which is typically the second Friday of each month except winter, spring and summer break.

Advisor Approval: __________________________________ Date ____________________________
(Required prior to GREL review)

GREL Substitution Request Recommendation

( ) Approved ( ) Denied

( ) Other: __________________________________________________________

Comments:

_________________________________________ __________________________
Signature of GREL Chair Date Reviewed

Please submit this form, along with a copy of the syllabus for the course being requested as the substitute, to
Joy Jones Room 2311 Benjamin Building