

**COLLEGE OF EDUCATION
 COURSE SUBSTITUTION FORM
 (RELEVANT TO TEACHER LICENSURE ONLY)**

STUDENT _____ STUDENT ID _____

PHONE NUMBER _____ EFFECTIVE DATE _____

PROGRAM/MAJOR _____ CONCENTRATION _____

TN EDUCATOR LICENSE NUMBER, IF ANY _____

In consideration of the unique needs of the above named student and the academic requirements of the degree and/or certification program he/she is pursuing, course substitutions as listed below are approved.

PROGRAM REQUIREMENT	SUBSTITUTION	DEPARTMENT ADVISOR'S APPROVAL
Course number and title	Course number and title	Yes / No
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____
_____	_____	____ / ____

RECOMMENDED/APPROVED BY

REASONS FOR SUBSTITUTIONS

 STUDENT SIGNATURE /DATE

 DEPT ADVISOR ** /DATE

 PROFESSIONAL ADVISOR/DATE

 CERTIFICATION ANALYST/DATE

** This signature is providing authorization and verification that course substitutions noted herein are consistent with the approved program for meeting state licensure standards.