

Course Substitution Approval Form Professional Education Programs

Student's Name: _____

WKU ID: _____

Major Program: _____

Advisor's Name: _____

I request approval to count the following course:

Course Prefix & Number	Course Title	Credit Hours
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Institution	Semester & Year of Enrollment	Course Grade
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in place of the following course required in my program:

Course Prefix & Number	Course Title	Credit Hours
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For my program the above course is a: ☐ required course.
☐ restricted elective course.

Reason for requesting the substitution:

Student signature_____
Date**Approval:**

- ☐ In my judgment the course requested for substitution meets the same content standards as the course it would replace, if approved. *(Must be signed by the department head or designated faculty member in the department that offers the WKU course required in the student's program. The form should be returned to the student's advisor and then forwarded to WKU's Office of Teacher Certification, where it will be placed in the student's file. The form must be completed before an iCAP Exceptions form or Transfer Course Substitution form may be approved.)*
- ☐ I do not approve the requested substitution.

Comments:_____
Faculty member signature_____
Date_____
Department Head signature_____
Date