

**Texas State University-San Marcos
College of Education
Course Substitution Request**

Please complete the top portion of this form and attach a course syllabus or a course description from the transferring institution's course catalog. After all materials have been reviewed by an Academic Advisor and/or the Department of Curriculum and Instruction/Health, Physical Education, and Recreation, a copy of this form will be mailed to you. Approved substitutions will be entered in the Degree Audit Report System (DARS). PLEASE ALLOW AT LEAST ONE WEEK FOR PROCESSING OF YOUR REQUEST.

NAME: _____ **STUDENT ID #** _____

MAILING ADDRESS: _____

PHONE # _____ **E-MAIL** _____

REQUIRED COURSE <i>(Texas State Course Number)</i>	REQUESTED SUBSTITUTION <i>(Course Title at Transferring Institution)</i>	APPROVAL/DENIAL <i>(For Office Use ONLY)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge that changes in my degree plan are not always in my best interest, may affect the academic integrity of my degree, and may not adequately prepare me for materials that will be on certification exams. 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 substitutions.

STUDENT SIGNATURE: _____ **DATE:** _____

**RETURN THIS FORM TO: CENTER FOR STUDENT & PROFESSIONAL SERVICES
TEXAS STATE UNIVERSITY-SAN MARCOS
601 UNIVERSITY DRIVE
ED 2143
SAN MARCOS, TX 78666**

ADVISOR NOTES: _____

ADVISOR SIGNATURE: _____ **DATE:** _____

SUBS ENTERED IN DARS COPY MAILED TO STUDENT