

**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**