



California State University
Dominguez Hills

CHILD DEVELOPMENT PROGRAM

Division of Human Development ♦ College of Health and Human Services ♦ (310) 243-2046 ♦ 1000 E Victoria Street ♦ Carson, CA 90747

PETITION FOR COURSE SUBSTITUTION

1. Attach copies of an **unofficial transcript** and a **catalog course description** and **course syllabus** from the school the course was completed at. Use one form per course to be substituted.

2. **Fill in the requested information (Please print legibly)**

Last Name: _____ First Name: _____

Student ID: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ Work Phone #: _____

3. **Which is the course offered at CSUDH that you would like to petition out of?**

Course Title: _____ Course Number: _____ Units: _____

4. **Which is the course you have taken previously which you would like to use as a substitute?**

Course Title: _____ Course Number: _____ Units: _____

Where did you take the course? : _____

When (Term and Year): _____ Units: _____ Grade: _____

5. Student signature: _____ Date: _____

NOTE: Course substitution MAY result in insufficient units accrued for graduation.

Students substituting graduate courses are subject to transfer credit and currency policies.

FOR OFFICE USE ONLY

Action Taken: Approved: _____ Denied: _____

Comments:

BY: _____ Date: _____

Title: Advisor Chair/Coordinator Dean