



## CHILD DEVELOPMENT PROGRAM

Division of Human Development ♦ College of Professional Studies ♦ (310) 243-2029 ♦ 1000 E Victoria Street ♦ Carson, CA 90747

### PETITION FOR COURSE SUBSTITUTION

1. Attach copies of an **unofficial transcript**, a **catalog course description**, and a **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