

# SDSU Department of Special Education

## Petition for Substitution/Waiver

Date \_\_\_\_\_

\_\_\_\_\_  
Last                      First                      Middle/Maiden

\_\_\_\_\_  
Street and #

\_\_\_\_\_  
City                      State                      Zip code

Program \_\_\_\_\_

RedID# \_\_\_\_\_

Phone # \_\_\_\_\_

|                     |            |
|---------------------|------------|
| FOR OFFICE USE ONLY |            |
| Sent to _____       | Date _____ |
| By _____            |            |

This form is to be used by a credential or Masters candidate requesting an exception to the course requirement for a particular program.

To submit for a course substitution: A petition to substitute a course must include a photocopy of transcript verifying grade (do not submit originals; these will not be returned). Supplemental information to justify the substitution petitioner must include copies of course catalog description(s) and/or course syllabi.

To submit for a course waiver: A petition to waive a course must include information to justify the waiver. Evidence to support a course waive must be included and may include verification of work experience, work samples, evidence of participation in extensive relevant training, etc.

Candidates will receive a copy of this form with the final recommendation in the mail. In instances where the request has been denied, candidates may complete a Petition for Reconsideration with additional substantiation.

I petition to waive/substitute the following SDSU course: \_\_\_\_\_  
(circle one)

### Course Substitution

I propose substituting \_\_\_\_\_ from \_\_\_\_\_ for the SDSU course.  
(course #)                      (name of university)

### Course Waiver

I propose waiving \_\_\_\_\_ based on \_\_\_\_\_  
(course #)                      (justification)

Justification for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |   |
|--|---|
| FOR OFFICE USE ONLY                            |   |
| Approve _____ Deny _____                       | Approve _____ Deny _____                              |
| _____<br>Faculty Member Responsible for Course | _____<br>SPED Program Coordinator or Department Chair |
| Date _____                                     | Date _____  |
| Faculty comments: _____<br>_____<br>_____      |   |