

COURSE SUBSTITUTION FORM
EDUCATION DEPARTMENT-ST. OLAF COLLEGE
(FOR OFFICE USE ONLY)

Candidate's Name: _____ Class of _____

Faculty Person Initiating Process: _____

Program Requiring Course Substitution:

- Licensure Subject Area
- Social Studies Education Major
- Concentration Track

Required Course: _____

Course Being Substituted: _____

Rationale for Substitution and How/Through Whom It Was Verified:

I certify that the above substitution is a satisfactory replacement for the required course designated within the St. Olaf College Education Program.

Nancy Veverka, Director of Teacher Licensure
Courtney Humm, Director of Social Studies Education

Date: _____

Elizabeth Leer, Education Department Chair

Date: _____

FOR OFFICE USE ONLY		
FORM TO BE ROUTED TO COORDINATOR OF LICENSURE AND FIELD EXPERIENCES UPON COMPLETION		
Initials _____	Date: _____	<input type="checkbox"/> Added to Tk20
Original: Education Office		Copy: Student