

**CLEMMER COLLEGE
 COURSE SUBSTITUTION FORM
 (RELEVANT TO TEACHER LICENSURE ONLY)**

STUDENT _____ **STUDENT ID** _____

PHONE NUMBER _____ **EFFECTIVE DATE** _____

PROGRAM/MAJOR _____ **CONCENTRATION** _____

TN EDUCATOR LICENSE NUMBER, IF ANY _____

In consideration of the unique needs of the above named student and the academic requirements of the degree and/or certification program he/she is pursuing, course substitutions as listed below are approved.

PROGRAM REQUIREMENT	SUBSTITUTION	DEPARTMENT ADVISOR'S APPROVAL
Course number and title	Course number and title	Yes / No
_____	_____	/ _____
_____	_____	/ _____
_____	_____	/ _____
_____	_____	/ _____
_____	_____	/ _____
_____	_____	/ _____

RECOMMENDED/APPROVED BY

REASONS FOR SUBSTITUTIONS

STUDENT SIGNATURE /DATE

DEPT ADVISOR ** /DATE

PROFESSIONAL ADVISOR/DATE

CERTIFICATION ANALYST/DATE

** This signature is providing authorization and verification that course substitutions noted herein are consistent with the approved program for meeting state licensure standards.