

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