Request for Course Substitution or Program Exception  
Department of Curriculum and Instruction

Student’s Name: ___________________________ ID#: ________________
Date of Request: _______________ Teaching Major _______________ Telephone #: ____________
Mailing Address: ________________________________________________________________
E-mail Address: ________________________________ Cumulative GPA: ________________
Admission status in Teacher Education: Full _______ Provisional ________

Request:

If you need more space, use back of this page or attach additional sheet(s). Attach supporting documentation, if appropriate.

Reason(s)

Recommendation of instructor, student’s advisor, or the chair of the department of the course in question:

_________________________________________ Recommend Approval _____ Do not Recommend Approval _____
(Signature and date)

Complete form to here and return to: C&I Administrative Assistant, Teacher Education Services.

Effect on licensure application: ________________________________________________________________

(Licensure Specialist signature and date)

Review by Department of Curriculum and Instruction:

___________________________________________________________

(Department of C&I Chair signature and date)

http://www.soe.umt.edu/certification/Exception.doc
Revised 3/10