

Counseling Psychology Program
Auburn University

Graduate Course Substitution Form

Student's name: _____ Date: _____

Advisor's name: _____

AU Graduate Course for which substitution is requested:

Number: _____

Title: _____

Graduate course acting as substitute: (attach (1) Syllabus (2) Bulletin Description)

University Where Taken _____

Department and Course Number: _____ Credit Hours _____

Course Title: _____

Instructor (Incl degree & specialty) _____

Text(s) Used _____

Semester & Year Course Taken: _____ Grade (Must be A or B): _____

Transcript must be in student file prior to approval. Substitution for core psychology courses must be approved by entire Counseling Psychology Faculty. Attach endorsement by COP faculty if appropriate.

Action: (check one)

This petition is: Approved _____ Disapproved _____

Advisor

COP Director of Training

copies to: Student
 Advisor
 Student's folder
 Director of Counseling Psychology Training