

## Petition for Course Substitution Form

### UNIVERSITY OF WISCONSIN – RIVER FALLS SCHOOL PSYCHOLOGY PROGRAM

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

UWRF course student wishes to have substituted (number & title):

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Title, department, and number of course considered to be equivalent to the URWF course:

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Institution where taken: \_\_\_\_\_

Date taken: \_\_\_\_\_ Grade obtained: \_\_\_\_\_

1. Attach a copy of the original transcript and original course syllabus (including information regarding required readings, course activities, assignments, examinations, and other relevant data). If the original syllabus is not available, then attach a current syllabus. If a current or past syllabus is not available, please, attach a copy of a description for the course provided by the institution in which it resides Attach any other information regarding significant aspects of the course that are not readily apparent from the syllabus (e.g., assignment/course handouts or readings). Note that courses taken more than 6 years previously are not normally substituted.
2. Submit this material to the instructor of the desired course to substituted, who will then examine the attached documentation. After the instructor makes a determination, the packet will be forwarded to the Training Director. The Training Director will consult with the faculty member who teaches the course to make a final determination if the courses are equivalent. The Training Director will sign the form indicating that the second level of review was completed. If the instructor and Training Director disagree regarding the petition, the petition will go to the full School Psychology Training Committee for a vote. In some instances, if it is difficult for the instructor and/or Training Director to determine equivalency, students may be required to pass an equivalency exam before the course is substituted. Students will be required to sign the form and they will receive a copy after a decision has been reached.

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Course substitution recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

Reasoning: \_\_\_\_\_

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Instructor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Course substitution recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

Reasoning: \_\_\_\_\_

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Training Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments/actions:

Substitution approved: \_\_\_\_\_ Substitution rejected: \_\_\_\_\_