

**San Jose State University  
College of Education  
Department of Special Education**

*Request for Review of Course/Experience Equivalence*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

**Credential Program (Check one):**

Mild/Mod Disabilities Credential: \_\_\_\_\_ Mod/Severe Disabilities Credential: \_\_\_\_\_

D/HH Credential: \_\_\_\_\_ Early Childhood Special Education: \_\_\_\_\_

I request that the course syllabus and/or documentation of experience be reviewed for equivalence to:

**San Jose State University Course:** \_\_\_\_\_

Prefix and Number

**The course that I think is equivalent:**

(Course title with prefix and number): \_\_\_\_\_

**Institution where I took the course:** \_\_\_\_\_

Grade Received: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

\*Attach a copy of the University Catalog description, syllabus and transcript for the course taken and submit them to the Department of Special Education. This form will not be considered unless these items are attached.

**SJSU Instructor Approval:** YES  NO

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Special Education Chair Approval:** YES  NO

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_