Request for Review of Course Equivalence

Secondary Education
College of Education
San José State University
One Washington Square, SH 301
San José, CA  95192-0077
(408) 924-3755

Instructions: Complete parts A, B and C only, and submit this form with syllabus and copy of transcript to department who offers the SJSU class (EDSC classes go to SH 301).

A. Student Personal Information

Name (last, first) __________________________  SJSU Student ID # ________________________________
Address ____________________________________  City, State, Zip _______________________________
Telephone: ____________________________  Email: _______________________________________________

B. Student Background Information

Credential Program Objective (√ one):           _____  Preliminary Single Subject      _____  Professional Clear

C. Comparable Course and/or Experience

SJSU course for which exemption is requested:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
</table>

A comparable course was taken through Credential Program at (courses not taken as part of a credential program not considered):

<table>
<thead>
<tr>
<th>Institution</th>
<th>Semester Course Taken</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #</td>
<td>Course Title</td>
<td>Units</td>
</tr>
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</tbody>
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I have the following alternate experience which is documented in attached materials:

________________________________________________________

D. Instructor Review

Instructor Recommendation:

The course work and/or experiences documented here are (√) _____ are not (√) _____ accepted as equivalent.

Instructor’s PRINTED Name_________________________  Instructor SIGNATURE_________________________  Date_________________________

E. Program Review

Action Taken: Approved (√) _____ Not Approved (√) _____

Secondary Ed Chair’s PRINTED Name_________________________  Secondary Ed Chair’s SIGNATURE_________________________  Date_________________________