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## 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

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**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:

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

Institution	Semester Course Taken	Grade
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Course #	Course Title	Units
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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
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**E. Program Review**

Action Taken: Approved (✓) \_\_\_\_\_ Not Approved (✓) \_\_\_\_\_

Secondary Ed Chair's PRINTED Name	Secondary Ed Chair's SIGNATURE	Date
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