Request for Review of Course Equivalence

Teacher Education Department
College of Education
San José State University
One Washington Square, SH 305
San José, CA 95192-0074
(408) 924-3771

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 (EDEL/EDSC/EDTE classes go to Teacher Ed in SH 305).

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/Multiple Subject _____ Professional Clear

C. Comparable Course and/or Experience

SJSU course for which exemption is requested:

Course # Course Title Units

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

Course # Course Title

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 (√) _____

Teacher Ed Chair’s PRINTED Name Teacher Ed Chair’s SIGNATURE Date