
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
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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 (✓) _____

_____ Teacher Ed Chair's PRINTED Name	_____ Teacher Ed Chair's SIGNATURE	_____ Date
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