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## 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

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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 (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:

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### 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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