Department of Dual Language
San Diego State University
San Diego, CA 92182-1152 EBA 248 (619) 594-5155

REQUEST FOR EQUIVALENCY FOR CREDENTIAL PREREQUISITES

_____ _____

Last Name First Name Middle Name Date

_____ _____

E-mail Red ID

_____ _____

Mailing Address (Street Name & Number) Former Name(s)

_____ _____

City State Zip Credential

_____ _____

Cell Phone Number Home Phone Number

This form is to be used by a credential candidate requesting an exemption for a pre-requisite course that they find equivalent to their work. This petition with supplemental data attached, should be **submitted to the Department of Dual Language, EBA 248** for action. Data sought to justify the waiver might include verification of recent work experience, copies of course catalog description(s) and/or syllabi(s) with a copy of transcripts verifying grades (do not submit originals; these will not be returned). Candidates will receive a copy of the waiver with the final recommendation through e-mail. In instances where requests have been denied, candidates may resubmit requests with additional information.

Exception Requested:

_____
_____
_____
_____

Justification for Request:

_____
_____
_____
_____

TO BE COMPLETED BY DEPARTMENT

Approve _____ Deny _____ Approve _____ Deny_____

_____ _____

Department / Program Coordinator Signature Authorized Signature / CTC Validation

_____ _____

Date Date

Comments:

_____