

California State University, Long Beach College of Education Teacher Preparation Advising Center (TPAC) EED-67 www.ced.csulb.edu/tpac

COURSE EQUIVALENCY REQUEST

A separate form and supporting documents must be completed and submitted for <u>each</u> course equivalency request. Equivalency is not granted for student teaching, EDSS 300 and EDSS 450. Students may apply a <u>maximum of 9 units</u> of course equivalency. Submit this completed form with the documents listed below in EED - Room 67.

Please c	check program:				
	Multiple Subject Credential Program Education Specialist (Special Education) Credential Program Single Subject Credential Program Urban Dual Credential Program				
NOTE: This Course Equivalency applies to the program checked above ONLY. Please note that a course equivalency that meets the requirements for this credential program may not meet the requirements for academic credit towards a degree program. Students seeking Course Equivalency for courses in the College of Education Advanced Credential or Master's Degree Programs should use the Graduate Office Form found at: http://www.csulb.edu/college-of-education/graduate-studies-office/petition-course-equivalency					
Date: _	Social Security #			CSULB ID #	
Name_	Last		First		M.I.
Addrass	s				
Audiess	S Street	Apt. #	City		Zip
Phone _		Email			
	Course Subject & Number Semester/Year Taken THE FOLLOWING: a photocopy of your train		Course Title tution Where Course Ta		Units Grade Earned f transcripts other than CSULB)
 a photocopy of the official course description from the catalog of the institution where you took the course a course syllabus, if possible, from the institution where you took the course (NOTE: Requests for the following courses require submission of a Course Syllabus: EDEL 452, EDSE 435, EDSE 436, EDSE 457) Candidates will be emailed the results of the Course Equivalency Request within 3-4 weeks. 					
COURSE EVALUATOR AND CREDENTIAL PROGRAM OFFICE USE ONLY					
	Evaluator's Recommenda for Denial:		APPROVE	DEI	
Course Eva	aluator's Signature:			Date:	
Credenti	ial Program Coordinator	's Recommendation:	APPROVE	☐ DEN	Υ
Program C	Coordinator's Signature:			Date:	