

CALIFORNIA STATE UNIVERSITY, LONG BEACH
COLLEGE OF EDUCATION
SINGLE SUBJECT CREDENTIAL PROGRAM

Phone: (562) 985-5325

ED1-67

Fax: (562) 985-9261



Date: _____

Evaluation Fee: _____

SINGLE SUBJECT WAIVER EVALUATION

Note: Submit a copy of relevant transcripts. Highlight the courses you wish to include in the evaluation. Evaluations may take 6-8 weeks. Allow for a longer period during summer and winter breaks. The evaluation fee must be submitted in the form of cash or money order. We will **not** accept cashier's check or personal check. **Please make sure all transcripts, evaluation fee, and a self addressed stamped envelope are included with this form.**

Name: _____

Campus ID: _____ SS#: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ email: _____

Subject for Waiver Evaluation: _____

Bachelor's Degree: _____

Institution: _____

California Credential(s) (list type and valid dates):

*****DO NOT WRITE BELOW THIS LINE*****

Directions to Faculty Evaluator: Complete Section B only if your answer is no to Section A.

SECTION A

Waiver Program Subject: _____ Completed: ___ Yes ___ No

SECTION B

If Section A is marked "No", please indicate the courses need to complete the Waiver Evaluation

Courses Needed:

SIGNATURES

Evaluator: _____ Date: _____

University Coordinator: _____ Date: _____

Distribution: ___ Candidate ___ SSCP ___ Evaluator ___ Other 4/23/14