



REQUEST TO WAIVE 7-YEAR LIMIT ON CREDENTIAL COURSEWORK

A separate form must be completed for each course request.

Please check program:

- Multiple Subject Credential Program
Education Specialist (Special Education) Credential Program
Single Subject Credential Program
Urban Dual Credential Program

Date: Social Security # CSULB ID #

Name (Print) Last First M.I.

Address Street Apt. # City Zip

Phone Email

I request that the following course remain valid beyond the 7-year limit, up to the semester indicated below. I have attached the rationale for this request. I understand that if this request is granted and I do not complete my credential program by the semester indicated, future extensions will not be considered.

Which CSULB course have you previously met?

Please complete the following information for the course you would like to request and extension for:

Table with 3 columns: Course Subject & Number, Course Title, Units. Row 2: Semester/Year Taken, Institution Where Course Taken, Grade Earned

I plan to student teach the following semester/year:

ATTACH THE FOLLOWING:

- An unofficial transcript verifying completion of the course
typed request for extension, including rationale (what you have been doing to keep current on course topics), and any supporting documents

The more information you can provide to the evaluator, the stronger your case will be.

COURSE EVALUATOR AND CREDENTIAL PROGRAM OFFICE USE ONLY

Course Evaluator's Recommendation: APPROVE extension of course through semester
DENY (Student must retake course prior to student teaching)

Comments:

Course Evaluator's Signature: Date:

Program Coordinator's Recommendation: APPROVE extension of course through semester
DENY (Student must retake course prior to student teaching)

Program Coordinator's Signature: Date: