



**CSULB Dual ESCP Request to Waive the 7 Year Limit on Credential Coursework**

This form is intended for use only by candidates that earned a Multiple Subject or Single Subject Credential at CSULB over six or more years ago. If you completed your Multiple Subject or Single Subject at a university other than CSULB, do NOT use this form.

Name: \_\_\_\_\_ CSULB ID: \_\_\_\_\_  
                                     Last    First

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
                                     Street    Apt. #    City    Zip

Type of Credential Held (Check all that apply):  
 Preliminary/  Clear       Multiple Subject       Single Subject: \_\_\_\_\_

Date of Preliminary Credential Issuance: \_\_\_\_\_

Please indicate the semester and year that you took the following courses at CSULB:

**Multiple Subject Credential Holders**

	Sem/Yr Taken
ETEC 110:	_____
ED P 301/302:	_____
EDSP 303/355A:	_____
EDEL 300/EDEL 431:	_____
EDEL 442:	_____
EDEL 452:	_____
EDEL 462:	_____
EDEL 472:	_____

**Single Subject Credential Holders**

	Sem/Yr Taken
Level I Tech:	_____
ED P 301/302/305:	_____
EDSP 355B:	_____
EDSE 435:	_____
EDSE 436:	_____
EDSE 457:	_____
EDSS 450M:	_____

(Math Credential Holders Only)

**Please attach the following documents to this form:**

- A copy of your valid Multiple Subject or Single Subject Credential printed from the CTC website
- Unofficial copy of your CSULB transcripts
- Typed request for extension, including rationale (what you have been doing to keep current on course topics), and any supporting documents (resume, etc.)

PROGRAM COORDINATOR AND CREDENTIAL PROGRAM OFFICE USE ONLY	
Program Coordinator's Decision:	<input type="checkbox"/> APPROVE extension of courses through _____ semester <input type="checkbox"/> DENY (Student must retake courses prior to student teaching)
Program Coordinator's Signature: _____	Date: _____