

333 South Twin Oaks Valley Road San Marcos, California 92096-0001 Main Office: 760.750.4300 | Advising: 760.750.4277 www.csusm.edu/soe

COURSE EQUIVALENCY REQUEST FORM

Please submit the entire packet for processing to the College of Education, Health and Human Services (CEHHS), Student Services Office in University Hall 221. If you are requesting consideration for more than one course, please submit separate packets for each course. Note: Three or more requests for exemption require final approval from the CEHHS, Associate Dean.

Student ID Number			Semester you plan to begin Credential Program	
Last Name, First, MI				
Street Address			(Area Code) Phone Number	
City, State, Zip			E-mail Address	
Before applying for a waiver, read a syllo appears equivalent. Link to current syllo CSUSM COURSE TO BE WAIVED:				
CSUSM Course Number		Course Title		
COURSE SUBMITTED FOR REVIEW:				
College/University, where course was taken		Course N	umber	Year/Term Course Taken
Note: The course or its equivalent must hacceptable grade for courses in the profes				
Complete packet by submitting the following:		 Copy of course syllabus (required) Copy of course description Copy of transcript (if course has been completed) 		
For candidates requesting equivalency on the basis of experience (examples):		 Letter from Supervisor(s) verifying employment or volunteer experience Project description or portfolio 		
Candidate: please provide explanation fo	r requesting	equivalency or waiver. You	u may use the back o	of the form if necessary:
		Do not write below this line		
☐ Pre-approved	* Assoc	* Associate Dean:		
☐ Approved	To:	To:		
☐ More information required	Date: _	Date:		
Denied	Rec'd:	ec'd:		
	Date sent to student:			
Advisor comments:				
Authorized Signature (designated content faculty)			Date	
Updated: March 2016				