



Single Subjects Credential Program Course Equivalence Petition

Name: _____ Date submitted: _____

SSN#: _____ Date of admission: _____

Phone: _____ email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Note: In order for your request to be considered, you must attach a photocopy of the course description from the catalogue along with the cover page of the catalogue.

Course number and title of equivalent course	Institution where taken	Date taken	Grade	CSUS equivalent course	<u>Approved</u> By SSCP Coordinator	<u>Denied</u> By SSCP Coordinator

Notes from applicant: _____

Notes from SSCP Coordinator: _____

Signature of SSCP Coordinator _____ Date: _____