



Department of Dual Language
San Diego State University

San Diego, CA 92182-1152 EBA 248 (619) 594-5155

REQUEST FOR EQUIVALENCY FOR CREDENTIAL PREREQUISITES

_____	_____	_____	_____
Last Name	First Name	Middle Name	Date
_____		_____	
E-mail		Red ID	
_____		_____	
Mailing Address (Street Name & Number)		Former Name(s)	
_____		_____	
City	State	Zip	Credential
_____	_____	_____	_____
Cell Phone Number	Home Phone Number		

This form is to be used by a credential candidate requesting an exemption for a pre-requisite course that they find equivalent to their work. This petition with supplemental data attached, should be **submitted to the Department of Dual Language, EBA 248** for action. Data sought to justify the waiver might include verification of recent work experience, copies of course catalog description(s) and/or syllabi(s) with a copy of transcripts verifying grades (do not submit originals; these will not be returned). Candidates will receive a copy of the waiver with the final recommendation through e-mail. In instances where requests have been denied, candidates may resubmit requests with additional information.

Exception Requested:

Justification for Request:

TO BE COMPLETED BY DEPARTMENT

Approve _____ Deny _____ Approve _____ Deny _____

Department / Program Coordinator Signature Authorized Signature / CTC Validation

Date Date

Comments:
