## **Department of Special Education**



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## Request for Review of Course/Experience Equivalence

Print Clearly						
Last Name	Name First Name		MI	SJSU S	SJSU Student ID Number	
Email Address			Area Code	Best daytim	ne number to reach you	
Program Obje	ctive: Prelimin	nary M	IA Degree	Clear	Minor	
☐ Mild-Mod	erate Disabilities C	redential	Early Cl	nildhood Spec	ial Education Credential	
Moderate-	Severe Disabilities	Credential	Clear In	duction Crede	ential	
Concurrent Credential			Other: Please Specify:			
Requesting equ	ivalency for the fo	ollowing SI	SII Course: (	Only one rea	uest nor form	
	•		so course. (	Only one requ	uesi per jorm)	
San Jose State	University Course	Course Prefix	and Number (Exa	ample: EDSE 101)	_	
The course I th	ink is equivalent*					
The course I th	mk is equivalent		and Number AND (	Course Title		
		Institution who	ere course was taker	ı (you will need to pr	rovide a transcript)	
		Semester/Y	ear ]	Number of Units	Grade Received	
for the course	of the University/Co you want reviewed will not be considered	and submit th	em to the Dep		abus and the transcript cial Education.	
DEPARTMENT	USE BELOW THI	S LINE				
Equivalence	e Approved	Course	Not Equivale	ent	Hold (See conditions)*	
*						
SJSU Instructor's	Signature			Date		
	's Signature			Date.		