

PETITION FOR COURSE EQUIVALENCY

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Day Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

I have made an application to:

\_\_\_\_\_ The Graduate Studies Office for a Master's Degree in \_\_\_\_\_.

\_\_\_\_\_ The Credential Processing Center for a \_\_\_\_\_ credential.

1. For what CSULB course are you seeking equivalency?

\_\_\_\_\_  
Department Number Course Title  
Units

2. What course are you submitting to satisfy the course given in Item 1? **NOTE: If experience is being used to meet this requirement, this form must be accompanied by a statement and documentation from the program coordinator stating that the course has been completed (Credentials Only).**

\_\_\_\_\_  
Department Number Course Title Units

\_\_\_\_\_  
Institution (University/College) Semester/Quarter and Year Grade

**REQUIRED ATTACHMENTS:** A copy of the transcript showing the course taken, the course numbering system from that university, and a copy of the course description from the catalog in effect at the college or university at the time you took the above course. A course syllabus is always preferred/recommended.

\*\*\*\*\*  
RECOMMENDATIONS: \_\_\_\_\_ACCEPT \_\_\_\_\_DENY

\_\_\_\_\_  
*Signature of Full-Time Instructor Teaching the Course in the College of Education* Date  
\*\*\*\*\*  
\_\_\_\_\_ACCEPT \_\_\_\_\_DENY

\_\_\_\_\_  
*Signature of Associate Dean (Master's Degree)/Credential Coordinator (Credential Program)* Date

If Denied, indicate reason: \_\_\_\_\_

