Education Specialist Preliminary Credential Request to Evaluate Coursework from another Institution

First and Last Name:				ID	#:			Date:		
Home or Cell Phone:			E-Mail	:						
Have you applied for admissionIf yes, what term do you want to begin?			Locati	Location?		Verne	Do you have a California teaching			
to the program? Yes No			Bak	ersfield	Sa	nta Clarita	credentia	l? Yes	No	
 Submit this form to the Education Specialist Coordinator with the following items attached: A copy of your official transcripts showing your grade, term, and course completion. Catalog course descriptions from the year you took the course/s. Syllabus for all courses. If you have a California teaching credential, include a copy of your credential and CBEST, CSET, and RICA score reports. 				 burses approved for transfer credit must: Be equivalent to a course in our credential program. Be graduate level and degree applicable from a regionally accredited institution. Be completed within the past 5 years. Courses over 5 years old will not be approved. Have a grade of B or better. (A B- grade does not qualify for graduate level transfer credit.) a credential requirement is waived by the Program Chair, this decision will not be corded as transfer credit. 						
Please evaluate: Course # and Title	From:	Term/Year		Units emester Quarter	Grade	ULV	Course	Dec	ision	
		,						Approve	Transfer	
								Deny		
								□ Approve	□ Transfer	
								🗆 Deny	□ Waiver	
								□ Approve	□ Transfer	
								🗌 Deny	U Waiver	
								□ Approve	Transfer	
								🗌 Deny	U Waiver	

 Student's Signature
 Date
 Reviewer's Name
 Signature
 Date

 For internal use only.
 Program Chair
 Signature
 Date

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