SCHOOL OF TEACHER EDUCATION
San Diego State University
San Diego, CA 92182-1153 • EBA 255 • (619) 594-6131

REQUEST FOR ADJUSTMENT OF CREDENTIAL REQUIREMENTS

Last Name	First Name	Middle Name	Date

Mailing Address (Street Name & Number)

Red ID
☐ Multiple Subject   ☐ Single Subject

City	State	Zip	Credential

Cell Phone Number	Home Phone Number	Former Name(s)

This form is to be used by a credential candidate requesting an exception to the requirement for a particular credential. This petition with supplemental data attached, should be ***submitted to the School of Teacher Education, EBA 255 for action***. Data sought to justify the waiver or submission of coursework might ***include verification of recent work experience, copies of course catalog description(s) and/or syllabi, and copies of transcripts verifying grades*** (do not submit originals; these will not be returned). Candidates will receive a copy of the waiver or course description request with the final recommendation in the mail. In instances where requests have been denied, candidates may resubmit requests with additional information.

Exception Requested:

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Justification for Request:

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Approve _____ Deny _____   Approve _____ Deny _____

Department / Program Coordinator Signature   Authorized Signature / CTC Validation

Date   Date

Comments:

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Revised by STE 10/25/10