

Department of Special Education
San Francisco State University

MEMORANDUM

TO: Credentials Office
 College of Education

FROM: _____
 Nicholas J. Certo, Ph.D.
 Professor and Chair

DATE:

SUBJ: Authorization for Course Substitution

Student Name: _____ Student I.D.: _____

Credential Name: _____

- | | | |
|-----------------------------------|---|---|
| Education Specialist: | <input type="checkbox"/> Level I, Preliminary | <input type="checkbox"/> Level II, Professional Clear |
| Multiple Subjects: | <input type="checkbox"/> Level I, Preliminary | <input type="checkbox"/> Level II, Professional Clear |
| Single Subject: | <input type="checkbox"/> Level I, Preliminary | <input type="checkbox"/> Level II, Professional Clear |
| Clinical Rehabilitative Services: | <input type="checkbox"/> Professional | |

Substitution Recommended				Equivalent Program Requirement / SFSU			
Course Prefix & Number	Abbreviated Title	Units	Institution	SFSU Course No.	Units	Approved	Denied *
Provide a complete address for return-mail. All documents will be returned directly to student. Provide documents to Credential Analyst at time of Application for Credential.							

* Rational for substitutions denied:

Credential Analyst: _____

Date: _____

Note: For substitutions related to a master's degree, obtain appropriate SFSU Graduate form.