

Department of Special Education
 San Francisco State University

MEMORANDUM

TO: Credential & Graduate Services Office
 Graduate College of Education

FROM: _____
 Yvonne Bui, Ph.D.
 Professor and Chair

DATE:

SUBJ: **Authorization for Course Substitution**

Student Name _____ SFSU I.D. _____
 Email _____

Credential Type (select one):

- Preliminary Education Specialist Credential
 - Early Childhood Special Education
 - Mild to Moderate Support Needs
 - Extensive Support Needs
 - Visual Impairment
- Clear Clinical or Rehabilitative Services
 Credential: Orientation & Mobility
- Other:

Substitution Recommended				Equivalent Requirement at SFSU			
Course Prefix & Number	Abbreviated Title	Units	Institution	SFSU Course No.	Units	Approved	Denied

Notes

Credential Analyst: _____

Date: _____

All documents will be returned directly to student. Student provides documents to Credential Analyst at time of Application for Credential. **Note:** For substitutions related to a master's degree, obtain appropriate SFSU Graduate Studies form.