

**Department of Special Education**  
 San Francisco State University

**MEMORANDUM**

TO: Credential & Graduate Services Office  
 Graduate College of Education

FROM:

\_\_\_\_\_  
 Amber Friesen, 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.