



## Teacher Education Department

### Single Subject Credential Program Course Substitution Request

Equivalent courses must be taken at a 4-year university or college to be considered for this request. Courses must be less than 7 years old.

Please note master's courses are not equivalent to credential methodology courses.

[CSUB Catalog descriptions](#): Secondary Education (EDSE) or Teacher Education (EDTE)

**Student Information:**

Date of Request: \_\_\_\_\_ CSUB ID# (if known): \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Instructions:**

Please indicate which course(s) for which you are requesting a substitution. Supporting documentation must be attached to this form to be evaluated:

- 1) Course syllabi and/or catalog descriptions from the institution and year you took the course.
- 2) Unofficial transcripts

CSUB Course #	Corresponding course #/ Title	University/College	Term Taken	Grade	CSUB Use Only	
					Accepted	Denied
EDTE 3000					<input type="checkbox"/>	<input type="checkbox"/>
EDTE 3308					<input type="checkbox"/>	<input type="checkbox"/>
EDTE 4100					<input type="checkbox"/>	<input type="checkbox"/>
EDTE 4200					<input type="checkbox"/>	<input type="checkbox"/>
EDSE 5100					<input type="checkbox"/>	<input type="checkbox"/>
EDSE 5200-5280					<input type="checkbox"/>	<input type="checkbox"/>
EDSE 5300					<input type="checkbox"/>	<input type="checkbox"/>
EDSE 5400					<input type="checkbox"/>	<input type="checkbox"/>
EDSE 5500					<input type="checkbox"/>	<input type="checkbox"/>

Please email this form with support documents to the program director of the campus you are/plan attending:

Bakersfield Campus Antelope Valley Campus  
 Ms. Ashley Sanchez, [azaragoza1@csub.edu](mailto:azaragoza1@csub.edu) Dr. Stacy Schmidt, [sschmidt3@csub.edu](mailto:sschmidt3@csub.edu)

**CSUB USE ONLY – Substitution request evaluated by:**

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_