



**CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA  
COLLEGE OF EDUCATION AND INTEGRATIVE STUDIES  
DEPARTMENT OF TEACHER EDUCATION  
COURSE EQUIVALENCY REQUEST**

Name: \_\_\_\_\_ Bronco ID: \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please attach & submit this form to the Credential Analyst, along with:**

1. A copy of your official transcripts
2. Catalog course descriptions from the year you took the courses
3. Syllabus for all courses

Course	Title of Course	From College/University	Qtr/Sem Taken	Grade	CPP Course

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Equivalent for Course: \_\_\_\_\_

Course	Title	College/University	Qtr/Sem Taken	Grade	CPP Course

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Equivalent for Course: \_\_\_\_\_

Course	Title	College/University	Qtr/Sem Taken	Grade	CPP Course

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Equivalent for Course: \_\_\_\_\_

Course	Title	College/University	Qtr/Sem Taken	Grade	CPP Course

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Equivalent for Course: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_