



**COLLEGE OF EDUCATION & INTEGRATIVE STUDIES
 CREDENTIAL SERVICES OFFICE
 COURSE EQUIVALENCY REQUEST**

Name: _____ Bronco ID: _____

Program: _____ Phone: _____ CPP Email: _____

Please use one form for each course equivalency request. Please attach & submit this form to the Credential Analyst, along with:

1. Official transcripts
2. Catalog course descriptions from the year you took the courses
3. Syllabus for all courses
4. Verification/documentation of field work completion (if applicable)

Course Taken	Title of Course	From College/University	Term/Yr Taken	Grade

Indicate which CPP course you would like to waive with the above course: _____

Teacher Education Use Only	
Course 1:	
Recommendation: Approve _____ Deny _____ More Information Needed _____	
Notes: _____	
Course 2:	
Recommendation: Approve _____ Deny _____ More Information Needed _____	
Notes: _____	
Signature: _____	Date: _____
Program Coordinator	
Course 1:	
Decision: Approve _____ Deny _____ More Information Needed _____	
Notes: _____	
Course 2:	
Decision: Approve _____ Deny _____ More Information Needed _____	
Notes: _____	
Signature: _____	Date: _____
CEIS Dean's Office	