

CAL POLY POMONA

**COLLEGE OF EDUCATION & INTEGRATIVE STUDIES
CREDENTIAL PROGRAMS
COURSE EQUIVALENCY REQUEST**

Name: _____ Bronco ID: _____

Program: _____ Phone: _____ Email: _____

Student Signature _____

Date _____

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	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: _____

Advisor Comments:

Advisor Signature _____

Date _____