

**Petition for Approved Course Alternative**

Name: \_\_\_\_\_ Data Petition Submitted: \_\_\_\_\_

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

Program Application Term/Year: \_\_\_\_\_ Semester:      Fall              Spring

Credential Program:      Mild/Mod              Extensive Support              Early Childhood

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Please choose one of the following options:

**If you have completed a course that you would like to have evaluated as a course equivalent, the following documents must be included in your petition packet:**

- Transcripts (official or unofficial) confirming completion or enrollment in the course
- Course syllabus (including catalog description of the course)
- Statement (no more than one-page) why you believe this course is equivalent to the course you are requesting approval

**If you completed a SPED prerequisite passed 7-10 years prior to the term in which you plan to apply, the following documents must be included in your petition packet:**

- Transcripts (official or unofficial) confirming the final grade of the course
- Current resume with experience relevant to teaching or working in the Special Education field
- Statement (no more than one-page) addressing your knowledge of the content of the course you are requesting approval

Course (Dept./No): \_\_\_\_\_ Course Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Semester / Year Taken: \_\_\_\_\_

I believe this course is equivalent to the following CSUF SPED course: \_\_\_\_\_

Scan all documents together and submit as one PDF file per course (petition should be first page of document to [spedadvising@fullerton.edu](mailto:spedadvising@fullerton.edu). Submit a separate packet if submitting a petition for more than one class. **Only complete packets will be reviewed.** A response will be emailed within 10-14 business days of submission. If the course is approved, it is the student's responsibility to provide a copy of this signed document with the credential program application.

**Do not write below this line. Department use only.**

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Petition action:              Approved                      Denied

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

Course Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_