



CALIFORNIA STATE UNIVERSITY, FULLERTON

Master of Science in Curriculum & Instruction Department of Elementary and Bilingual Education Verification of Equivalent Teaching Experience

Submission Date:

Name:

CWID

E-mail:

Ph. Number

All applicants seeking verification of equivalent experience to a teaching credential will need to submit this form with the following supporting documentation:

- Detailed resume (including positions titles, dates and responsibilities)
- Letter of appeal describing the rationale for the petition
- Letter of support from supervisor (needs to have on organization letter head)
- Supervisor Contact information:

Name:	Organization:
E-mail:	Phone Number:

Please scan all documents as one PDF file and submit via email to edelgradprograms@fullerton.edu with subject "*First & Last Name- Equivalent Teaching Experience*"
Important Note: Additional information may be required. In most cases, a decision regarding verification of equivalent experience will be e-mailed to the applicant within two to four weeks.

Do not write below this line.

Petition Action [] granted* [] denied [] no action

Comments: _____

Graduate Coordinator or Academic Advisor Signature

Date

Directions: *Please respond to the questions below. Give specific examples and details to support your responses. The committee will use this information to determine whether or not you meet equivalency.*

1. Describe your work-related experiences in a classroom setting. What are/were your responsibilities in this setting? *(If you have multiple experiences please discuss each one separately.)*

**I understand that I will not earn a teaching credential through the program and may not have the requisite knowledge to succeed in the program. For instance, credentialed teachers are familiar with state frameworks and standards and specific classroom experiences that are built upon in the master's program. Therefore, I acknowledge that I am responsible for obtaining any missing and requisite knowledge and experience required of the program. _____ Initials*

Applicant's Signature _____

Date _____