

Course Equivalency Request Form

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GRADUATE COURSEWORK FROM AN REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY MAY BE EVALUATED FOR
EQUIVALENT TRANSFER CREDIT WITH THE FOLLOWING LIMITATIONS:

- No more than 8 units of equivalency credit will be granted.
- Courses must be completed within the last 7 years of initial enrollment at YSCTC
- Only graduate level coursework with a grade of “C” or higher will be considered for equivalency.

To receive equivalency for a YSCTC course that you have completed at another institution, please submit a copy of your transcript, course description, and/or syllabus for each course you would like to have reviewed for equivalency credit; along with your application packet. Missing documentation or failure to identify which course you feel is equivalent will result in denial of credit.

THERE IS A \$20 FEE TO HAVE YOUR TRANSCRIPTS REVIEWED

DROP OFF OR MAIL YOUR DOCUMENTS AND PAYMENT TO: Yolo Solano Center for Teacher Credentialing, 4632 2nd Ste 120, Davis, CA 95618

COLLEGE/UNIVERSITY	COURSE NAME	SYLLABUS	CRSE. DESCR.	TERM/YEAR	GRADE	EQUIVALENT YSCTC COURSE	OFFICE Use	
							APPROVED	COURSE EXP.
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Signature: _____

Date: _____