

## UCSB CREDENTIAL SERVICES OFFICE:

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

### SUBSTITUTION FORM

Please use this substitution form to request an equivalency evaluation for the following courses. Include a copy of the college transcript where the course was completed. A course syllabus must also be included for each course substitution to determine equivalency. Please return this form to the Credential Services Office in Education #4102 after you apply to the Teacher Education Program. Course descriptions for these classes are available at <http://my.sa.ucsb.edu/Catalog/Current/Index.aspx>

Health Education Ed 109 M: Course Name: \_\_\_\_\_ # \_\_\_\_\_ :

Institution: \_\_\_\_\_

Quarter Taken: \_\_\_\_\_ Grade Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Credential Analyst: \_\_\_\_\_ Date: \_\_\_\_\_

U.S. Constitution Political Science 12

Course or approved Exam: Name: \_\_\_\_\_ # \_\_\_\_\_ :

Institution: \_\_\_\_\_

Quarter Taken: \_\_\_\_\_ Grade Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved : \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Education 103: Technology: Institution: \_\_\_\_\_

Course Name: \_\_\_\_\_ # \_\_\_\_\_ :

Quarter Taken: \_\_\_\_\_ Grade Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Credential Analyst: \_\_\_\_\_ Date: \_\_\_\_\_

Math 100A and Math 100B (Multiple subject only):

Institution: \_\_\_\_\_

Course Name: \_\_\_\_\_ # \_\_\_\_\_ :

Quarter Taken: \_\_\_\_\_ Grade Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Credential Analyst: \_\_\_\_\_ Date: \_\_\_\_\_