Jim and Judy Watson COE Student Service
Credential Processing
5500 University Parkway
San Bernardino, CA 92407-2393

REQUEST FOR BASIC SKILLS REQUIREMENT EVALUATION

All candidates must complete sections 1, 2, 3, 4, and 5 (signature required) prior to submitting this form to Credential Processing at credrec@csusb.edu. Incomplete forms will be returned to the candidate for completion and resubmission. The results of the evaluation will be emailed to the applicant (using the email address provided on the form) within approximately 5 – 10 business days. NOTE: Private and Out-of-Country coursework will need to be reviewed by the Program Coordinator and appropriate Department Chair.

1. PERSONAL INFORMATION

Candidate's Name: _____   SID: _____

Credential Program: _____   SSN (First 4 digits): _____

2. UNDERGRADUATE INFORMATION

Bachelor's Degree From (select one & list specific name):

____ CSU: _____   ____ Private: _____

____ UC: _____   ____ Out-of-State/Country: _____

If you transferred from a community/junior college to a university, please list the college(s) attended:

_____

3. READING SUBTEST:

____ Examination: _____   Test Date: _____   Score: _____

____ Coursework (Course Prefix & Number): _____   Units: _____(Sem/Qtr)

Institution: _____   Term: _____ Grade: _____

4. WRITING SUBTEST:

____ Examination: _____   Test Date: _____   Score: _____

____ Coursework (Course Prefix & Number): _____   Units: _____(Sem/Qtr)

Institution: _____   Term: _____ Grade: _____

5. MATHEMATICS SUBTEST:

____ Examination: _____   Test Date: _____   Score: _____

____ Coursework (Course Prefix & Number): _____   Units: _____(Sem/Qtr)

Institution: _____   Term: _____ Grade: _____

I understand this information must be reviewed and approved by Credential Processing prior to admission into the credential program.

Candidate's Signature: _____   Date: _____

Credential Analyst Decision/Comments:

Credential Analyst Signature: _____   Date: _____

Program Coordinator/Department Chair's Decision/Comments:

Program Coordinator's Signature: _____   Date: _____

Department Chair's Signature: _____   Date: _____