CSUSB
JAMES R. WATSON &
JUDY RODRIGUEZ WATSON
COLLEGE OF EDUCATION

WE DEFINE THE *Future*

REQUEST FOR BASIC SKILLS REQUIREMENT EVALUATION

All candidates must complete sections 1, 2, 3 and 4 (signature required) prior to submitting this form to Credential Processing at credrec@csusb.edu. The results of the evaluation will be emailed to the applicant (using the email address provided). If you are not currently enrolled at CSUSB you will need to provide unofficial transcripts. If you are using a combination of coursework and examinations, please provide copies of the examination results.

NOTE: Private and Out-of-State coursework may need to be reviewed by the Program Coordinator and appropriate Department Chair.

1. PERSONAL INFORMATION

Candidate's Name: _____

Student ID: _____

Credential Program: _____

SSN (**First 4 digits**): _____

Email Address: _____

Phone Number: _____

2. READING SUBTEST

Examination OR Course Prefix & Number of Course Taken: _____

Institution (if applicable): _____

Test Date OR Term Course Taken: _____

Score OR Grade Received (must be "B- "or better): _____

Units (if applicable): _____ (Sem/Qtr)

3. WRITING SUBTEST

Examination OR Course Prefix & Number of Course Taken: _____

Institution (if applicable): _____

Test Date OR Term Course Taken: _____

Score OR Grade Received (must be "B- "or better): _____

Units (if applicable): _____ (Sem/Qtr

4. MATHEMATICS SUBTEST

Examination OR Course Prefix & Number of Course Taken: _____

Institution (if applicable): _____

Test Date OR Term Course Taken: _____

Score OR Grade Received (must be "B- "or better): _____

Units (if applicable): _____ (Sem/Qtr)

I understand this information must be reviewed and approved by Credential Processing prior to admission into the credential program at California State University, San Bernardino.

Candidate's Signature: _____

Date: _____

Credential Analyst Decision/Comments:

Credential Analyst Signature: _____   Date: _____

____Referred Student to Program Coordinator/Department Chair for further review/approval   Date: _____