



**California State University, Fresno
Kremen School of Education and Human Development
Education Student Services Center, Room 100**

Application for Special Consideration

This form must be completed by the applicant for a Multiple Subject, Single Subject or Preliminary Education Specialist Credential program who is requesting a Special Consideration review by the KSOEHD Admissions and Standards Committee.

Reason for Request:

1. the minimum requirements for admission to a credential program have not been met or
2. the minimum requirements for admission to student teaching have not been met or
3. other special request (including request to change credential programs)

Student ID Number _____

Name _____
Last
First
Middle

Address _____
Number/street Apt. #

City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

Email _____@mail.fresnostate.edu

Credential Subject (Single Subject only): _____

I am requesting special consideration for:

- ____ Admission to credential program
- ____ Admission to student teaching
- ____ Program change
- ____ EHD 174 ____ EHD 160A ____ SPED 175 ____ EHD 155A
- ____ EHD 178 ____ EHD 160B ____ SPED 176 ____ EHD 155B
- ____ EHD 170 ____ EHD 110D ____ Other _____

I am requesting special consideration because minimum entrance requirement for initial admission into a Multiple Subject/Single Subject/Preliminary Education Specialist credential program has not been met in the following area(s):

- ____ GPA is too low
- ____ CBEST – Registered for test _____ (Submit proof of registration)
date
- ____ CSET – Registered for test _____ (Submit proof of registration)
date
- ____ 101 #Attempts ____ 102 # Attempts ____ 103 # Attempts
- ____ Unsuccessful Student Teaching experience
- ____ Other _____

Submit a Justification Statement:

Please be specific and support your justification with concrete data or facts. Refer to the guidelines and type your statement, and attach to this form. _____#pages

Guidelines for writing a justification statement

Your statement should provide specific reasons for asking the committee to review your request for special admission/program change. Give some thought in preparing your statement, organize it well, use good sentence structure and grammar, and present it in typed form. Incomplete or poorly prepared application will be returned without consideration. In your justification, outline a plan for addressing your ‘Special Considerations’ issue.

Areas that you may wish to address according to your situation:

- a. **Academic Competence** – attach test scores completed and future test dates. If you have a problem with a low GPA, what have you done to improve it? For example: Course you have retaken and the results, recent improvement in academic record and how it has improved, recent tests passed, e.g. CSET/GRE and scores of each.
- b. **Professional Competence** - What have you done that provides some good evidence of professional competence? For example: “Recent related work experience or volunteer experience...”; supportive statements (letters) from instructors, work supervisors, school principals, etc.
- c. **Other Reasons** - What other factors contributed to your inability to meet current admission requirements? For example: “Personal issues that have interfered but are now resolved.” “Time has contributed to changes in attitude.” “I am now reentering the university with successful work experience that has contributed to my maturity and ability to make valuable contributions in the classroom setting.”
- d. **Desire to change credential programs** – what factors contributed to your decision to switch credential programs? For example: “My practicum experience this semester has influenced my decision to change from the Multiple Subject credential program to the Special Education credential program...” (Please provide a detailed explanation). You must obtain permission and signatures from the coordinators of each program and submit a revised course plan.

Applicant Signature _____

Date _____



Single Subject Credential Applicants need to secure the following:

Academic Adviser’s Signature _____ Date _____

Adviser’s Recommendation (optional)



Special Considerations Committee Approval:

Approved Denied (see comments)

Committee Member's Signature _____ Date _____

Comments: _____



For Credential Program Changes

Approved Denied (see comments)

Program Coordinator's Signature _____ Date _____

Program Coordinator's Signature _____ Date _____

Comments: _____

