

Request for Basic Skills Requirement (BSR) Evaluation

The California Education Code and Title 5 Regulations specify, in most cases, that applicants for a credential, certificate, or permit to serve in the public schools of California must verify basic skills proficiency before the credential, certificate, or permit will be issued.

To request an evaluation, email this form and the required document(s) below to the Center for Advising and Student Services at cass@mail.fresnostate.edu. Incomplete requests will be returned without an evaluation. Please allow 2-3 weeks for processing.

- A copy of your degree progress report or unofficial transcripts, including community colleges transcripts
- Official Score Reports (SAT, ACT, AP exams, etc.) and/or any passing CBEST scores

Criteria for Coursework:

- Taken at regionally accredited college/university for credit
- Passed with a grade of B or better
- 3 semester units or 4 quarter units
- Be degree applicable

By submitting this request, you understand that if approved, it is only valid towards admission to credential programs offered at Fresno State. The Commission on Teacher Credentialing is the final granting authority of the BSR.

SECTION 1: TO BE COMPLETED BY THE REQUESTER

Last Name: _____ First Name: _____

Email Address: _____ Fresno State ID: _____

Are you a current or past Fresno State Student? Current Past

Select the reason for the evaluation (select all that apply):

Applying to a Fresno State Credential Program

Applying to a Non-Fresno State Credential Program: _____
List Schools (for tracking purposes only)

Substitute Teaching Other: _____

SECTION 2: TO BE COMPLETED BY THE EVALUATOR (OFFICE USE ONLY)

READING

Exam: _____ Test Date: _____ Score: _____

Coursework: _____ Units: _____ Sem Qtr Grade: _____
Institution: _____ Term: Fall Sp Wtr Su Year: _____

WRITING

Exam: _____ Test Date: _____ Score: _____

Coursework: _____ Units: _____ Sem Qtr Grade: _____
Institution: _____ Term: Fall Sp Wtr Su Year: _____

MATH

Exam: _____ Test Date: _____ Score: _____

Coursework: _____ Units: _____ Sem Qtr Grade: _____
Institution: _____ Term: Fall Sp Wtr Su Year: _____

APPROVED

NOT APPROVED

Reason:

Evaluator: _____ Date: _____

Authorized Submitter: _____ Date: _____