



Kremen School of Education and Human Development

# Program Revision Request

This form is initiated by the teacher candidate when they need to update their Credential Program or pathway. All changes must be approved by the Program Coordinator(s).

Date of Request:

Semester/Year:

## Student Information

Last Name

First Name

Student ID

### Credential Program

- Education Specialist
- Dual
- Multiple Subject
- Single Subject
- PK-3

### Pathway(s)

- BAP - Spanish
- BAP - Hmong
- ITEP
- Residency

### Subject Matter

- Ag
- Art
- English
- IT
- Chemistry

- Math
- Music
- PE
- Biology
- Physics
- Dance

- Social Science
- Theatre
- Spanish
- French
- Geosciences

## Program Revision Request

### Request to change credential program or add/drop BAP

Signatures for both current and requested program coordinators are required.

Current Program: \_\_\_\_\_ Requested Program: \_\_\_\_\_

### Request to change cohort

Signatures for both current and requested program coordinators are required.

Current Cohort: \_\_\_\_\_ Requested Cohort: \_\_\_\_\_

### Request to return to the program after an absence two or more semesters

Semester/Year admitted: \_\_\_\_\_ Last Semester/Year Enrolled: \_\_\_\_\_

**Please attach a justification that explains the reasons why your request should be considered and sign below:**

Applicant Signature

Date

## Program Coordinator Decision

***Coordinators: If you are approving a Credential Program change, please list any courses from the current pathway that will be substituted for the requested pathway below.***

Request Approved

Request Denied

Comments:

\_\_\_\_\_  
*Coordinator Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Coordinator Signature (New Credential Program/Cohort)*

\_\_\_\_\_  
*Date*

\*If you are not satisfied with the outcome, you may appeal the decision by submitting the denied request form to the Teacher Education Dispute Resolution Committee: [ocp@csufresnostate.edu](mailto:ocp@csufresnostate.edu).