

## Special Consideration Request

## **Teacher Education Credential Programs**

This form is initiated by the teacher candidate to request a special consideration from their credential program coordinator.

Date o	of request: Semeste	er/Year admitted to credential pro	gram:
	Student and Pro	gram Information	
Last Name		First Name	Fresno State ID
☐ Education Specialist MMSN & ESN		☐ Multiple Subject	
□ Dual MMSN & ESN		☐ Single Subject:	
	Special Cons	sideration Request	
FAST-PETITION FOR THIRD REVISION			
	ADMISSION GPA TOO LOW	My current GPA:	
	CREDENTIAL PATHWAY CHANGE	Current pathway:	
		Requested pathway:	
	REQUEST TO REPEAT A COURSE	Course[s] to be re-taken:	
		Semester course was taken:	
	RETURN TO CREDENTIAL PROGRAM [after a break of one or more semesters]	Semester/Year Admitted:	
		Semester/Year last enrolled:	
	COHORT CHANGE REQUEST	Current cohort:	
		Requested cohort:	
	Student Iv	stification Request	
	h a typed, well-written justification for you dered.		our request should be
	icant Signature		- Love CDA. Formath and
reque	h this form with your credential applica ests, email this form to your Program Co linator/Advisor for approval.		
	Progr	ram Approval	
Re	quest approved Request denied Date:		
Coordin	nator signature:	Comments:	