



CSU East Bay Teacher Education Department  
PK-3 ECE Specialist Instruction Credential Program  
**Subject Matter Competency (SMC) Coursework Evaluation Request**

Candidates completing this form are requesting an evaluation of their coursework to fulfill the subject matter requirements by meeting SMC through coursework (SMC Option 2). *Candidates who possess a degree that is an exact match to any of those listed in [SMC Option 1](#) do not need to complete this form.*

Candidates requesting an evaluation of their coursework to fulfill the subject matter requirements will use this document to demonstrate they have completed the required 24 units of either early childhood education and/or child development. All of the following requirements must be met in order for coursework to be accepted:

- 24 semester units or 36 quarter units of non-remedial coursework
- A passing grade of C or better in each course used to meet the requirement
- Coursework must be completed at a regionally accredited institution of higher education
- Coursework must be degree-applicable (professional development courses do not count)

**Directions:**

1. Complete the table below with the required information about each course being used to fulfill this SMC requirement.
2. When complete, save the document titling it (last name) (first name) (ECE PK-3) (netID) (year) and send it to [smc@csueastbay.edu](mailto:smc@csueastbay.edu). In the Subject Line of the email write Content Knowledge (Last Name). These conventions must be followed for your submission to be reviewed.
3. Attach a copy of unofficial transcripts to this email.

Name: \_\_\_\_\_

Net ID: \_\_\_\_\_

Undergraduate/Graduate Schools Attended: \_\_\_\_\_

| Course Number and Title | Catalog Description | Accredited University Where Course Was Completed | Semester and Year Passed | Grade |
|-------------------------|---------------------|--|--------------------------|-------|
|                         |                     |  |                          |       |
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Candidates will be informed of their SMC standing within 60 days of submitting this form.

**(FOR CSUEB STAFF ONLY)**

Approved By:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

THE CALIFORNIA STATE UNIVERSITY

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