SAN FRANCISCO STATE UNIVERSITY

SUBJECT MATTER COMPETENCY REVIEW

This form is to be completed by a Subject Matter Competency Advisor.

Applicant Name _____ **SFSU ID** _____

Subject Area _____

COURSEWORK COMPLETED

SFSU COURSE	DEPT. & COURSE #	COURSE TITLE	UNITS	GRADE	TERM	INSTITUTION (OTHER THAN SFSU)

COURSEWORK IN PROGRESS (SHOW PROOF OF ENROLLMENT)

☐ **Has completed 100% of CTC-approved subject-matter program requirements (including units, grade and GPA requirements)**

☐ **Will meet 100% of CTC-approved subject matter program requirements upon satisfactory completion of coursework currently in progress. Proof of enrollment must be attached.**

☐ **Has not yet completed subject matter program requirements.**

_____ _____ _____

Signature of Subject Area Advisor **Print Name** **Date**