

## APPLICATION FOR DESIGNATED SUBJECTS CREDENTIAL RECOMMENDATION

It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is on file at the Jim and Judy Watson, College of Education Student Services Office **prior to or at the time of** submission of the Application for Credential Recommendation.

### PERSONAL INFORMATION

Student Identification Number:		
First Name:	Middle Name:	Last Name:
All Former/Maiden Name(s):		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

### CREDENTIAL INFORMATION

If applying for more than one credential, please submit a separate application for each credential:

Indicate a check (✓) next to the CREDENTIAL TYPE for which you are applying (NOTE: The final issuance date for Designated Subjects: Adult Education Full-Time and Part-Time credentials was 1/31/16):

\_\_\_ Career Technical Education (SB 1104)      \_\_\_ Special Subjects (Clear only)      \_\_\_ Supervision & Coordination

Indicate a check (✓) next to the CREDENTIAL TERM for which you are applying:

\_\_\_ 3 Year Preliminary      \_\_\_ Clear

List the subject area(s) for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

### TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

Confirm the following statements by providing your signature and date below:

I, the aforementioned, authorize Credential Processing to order and/or submit my transcripts(s), if applicable, to the Commission on Teacher Credentialing (C.T.C.). I hereby certify under penalty of perjury that all the required documentation and foregoing information submitted for this application is true and correct.

Applicant's Signature:

Date: