

## REQUEST FOR PRE-EVALUATION

### INSTRUCTIONS

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The Request for Pre-evaluation is a service offered and conducted by a Credential Analyst to determine the status of the credential program and/or eligibility for the credential recommendation to be processed to the Commission on Teacher Credentialing (C.T.C.).

The Request for Pre-evaluation is initiated with the submission of the Request for Pre-evaluation form (or by the program coordinator for credential recommendation advisement) one quarter prior to the last quarter of program course work via in person (see CSUSB Maps & Directions at <http://www.csusb.edu/mapsDirections/>) to Credential Processing or the Palm Desert Campus (see PDC Maps & Directions at <https://pdc.csusb.edu/campus-map-parking>), Student Services Offices (RG 203) to be forwarded to Credential Processing.

Please note that there is no fee associated with this request and that there will only be **one** pre-evaluation conducted for each type of credential program (refer to the *Request for Program Completion Verification* for details regarding obtaining an updated program evaluation). It is highly recommended that the applicant maintain copies of all required documentation submitted to Credential Processing for their own personal records since all documentation, including transcripts, become the property of the College of Education and will not be returned or photocopied for the applicant.

The results of the Pre-evaluation will be e-mailed (or mailed if e-mail address on file in the College of Education Student Services is invalid) to the applicant within approximately 2 - 4 weeks from the submission date of the request.

**REQUEST FOR PRE-EVALUATION:** Please complete the Personal Information, Credential Information and sign the Transcript Authorization, Declaration and Date sections on the Request for Pre-evaluation form. Incomplete forms will be returned to the applicant for completion and resubmission. Please note that the request requires the applicant to list all CSUSB course work in which currently enrolled and/or will be enrolling for the following quarter.

Original documentation is not required for this request although it will be required for the submission of the Application for Credential Recommendation. It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is in their Program Admissions File (P.A.F.) at Credential Processing prior to or at the time of submission of the Application for Credential Recommendation.

Please note that all candidates must be officially and unconditionally admitted to the University and to the appropriate credential program in order to be recommended for the credential.

Pre-evaluations will **not** be conducted for candidates requesting Internship eligibility. Internship candidates will need to contact the Internship program coordinator regarding their program admission status. Internship credential holders may submit a Request for Pre-evaluation one quarter prior to the last quarter of program course work.

Pre-evaluations will **not** be conducted for Designated Subjects (Adult, Career Technical Education, Special Subjects and Supervision & Coordination) applicants.

## REQUEST FOR PRE-EVALUATION

To complete this application form, download and/or print this pdf document.

### 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 ( <i>Must remain valid for at least 100 days after the application submission date</i> ): |              |             |

### CREDENTIAL INFORMATION

If requesting a Pre-evaluation for more than one credential, please submit a separate request form each credential.

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| Select or list the CREDENTIAL TYPE for which you are applying:   |
| Select or list the CREDENTIAL TERM for which you are applying:   |
| List the SUBJECT AREA for which you are applying, if applicable:   |
| List the Added Authorization for which you are applying for, if applicable:  |
| List all CSUSB course work for which you are currently enrolled, if applicable:<br><i>Example: EDUC 603</i> _____<br>_____ |

### TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

Confirm the following statements by providing your signature and date at the bottom.

|   |       |
|---|-------|
| I, the aforementioned, understand that the pre-evaluation will assist me in determining the status of my credential program and eligibility to apply for the credential. In addition, I understand that in order to obtain a formal credential recommendation, I will need to follow the instructions for Application for Credential Recommendation listed at <a href="http://coe.csusb.edu/studentServices/index.html">http://coe.csusb.edu/studentServices/index.html</a> . I hereby certify under penalty of perjury that the foregoing is true and correct. |       |
| Applicant's signature:  | Date: |