Credential Processing (CE 102)
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CSUSB
JAMES R. WATSON & JUDY RODRIGUEZ WATSON COLLEGE OF EDUCATION

WE DEFINE THE Future

APPLICATION FOR CREDENTIAL RECOMMENDATION

To ensure proper processing of your credential application, complete this form in its entirety and email it along with all required documentation to credrec@csusb.edu. Incomplete applications will not be accepted.

1. PERSONAL INFORMATION

Student Identification Number: _____

Applicant's Name: _____
First Middle Last

All Former/Maiden Name(s): _____

Address: _____
Number and Street City State ZIP Code

Home/Cell Phone: _____ Work Phone: _____

Email Address: _____

2. CREDENTIAL INFORMATION

CREDENTIAL TYPE: Make a Selection

CREDENTIAL TERM: Make a Selection

SUBJECT AREA (Single Subject only): Make a Selection

List all CSUSB program coursework for which you are currently enrolled in, if applicable (Example: EDUC 6609, EDUC 6610):

_____

3. TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

I authorize Credential Processing to submit my transcript(s) and/or examination(s), if applicable to the Commission on Teacher Credentialing (C.T.C.). I understand that with the application submission, it is my responsibility to ensure C.T.C. has a valid email address for me (to receive notification of my recommendation) and follow through with C.T.C.'s instructions to complete the credential issuance process. Non-compliance will result in reprocessing of an Application for Credential Recommendation with the appropriate fees.

Applicant's signature: _____ Date: _____