

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

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Multiple Subject (SB 2042) | <input type="checkbox"/> Reading & Language Arts Specialist |
| <input type="checkbox"/> Ed. Specialist: Early Childhood | <input type="checkbox"/> Multiple Subject w/Bilingual AA (SB 2042) | <input type="checkbox"/> Reading & Literacy Leadership Specialist |
| <input type="checkbox"/> Ed. Specialist: Mild/Moderate | <input type="checkbox"/> PPS: School Counseling | <input type="checkbox"/> Single Subject (SB 2042) |
| <input type="checkbox"/> Ed. Specialist: Moderate/Severe | <input type="checkbox"/> PPS: School Psychology | Subject Area: _____ |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Internship | <input type="checkbox"/> Internship (Restriction Change) | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Internship (Appeal) | <input type="checkbox"/> Certificate of Eligibility | <input type="checkbox"/> Clear Ed Specialist: Level II |
| <input type="checkbox"/> Internship (Reactivation) | <input type="checkbox"/> Preliminary | |

Indicate a check (✓) next to the Added Authorization for which you are applying and list the subject area(s):

- | | |
|---|---|
| <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> Reading & Literacy |
|---|---|

List all CSUSB course work for which you are currently enrolled, if applicable:

Example: EDUC 603

--

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 understand that with the submission of this application, I am required to follow-through with C.T.C.'s online application no later than 90 days after the credential recommendation date. Non-compliance will result in having to re-process an Application for Credential Recommendation with the appropriate fees. I 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: