February 6, 2012 - April 13, 2012



California State University, Stanislaus **Credential Services One University Circle** Turlock, CA 95382

Phone: (209) 667-3534 Fax:(209) 664-7058

credentials@csustan.edu

Application for Fall 2012 Credential Program Multiple & Single Subject

| Name | | | |
|---|--|----------------------------------|--|
| Last Social Security Number | First (required | Middle by CCTC) Birthdate | Maiden/Former |
| Mailing Address | | , , | |
| Street | City | State | Zip |
| Home Phone () | • | sage Phone () | |
| | | | |
| Cell Phone () | Email | | |
| Please check your program option: | | | |
| Multiple Subject Are you a CSU | Stanislaus Liberal Studi | es Major? | lo |
| Single Subject Content Objective | /e | · | |
| Have you ever been convicted or ev Yes No If yes, please of | er pleaded "nolo conte heck with coordinator. | ndere" for any violation of t | he law other than minor offenses? |
| res no ii yes, piease c | neck with coordinator. | | |
| Please mark your program pathway | : Full-time P | art-time Are you intereste | ed in the Internship Program? Yes/ No |
| Program choice, please select one: | | | |
| SB 2042 Credential without a lang | uage specialization (no spe | ecial emphasis) – for students w | ho speak only English |
| SB 2042 Credential with a Spanish offered on the Turlock campus. | Bilingual Authorization (fo | or students who speak, read, and | d write Spanish) - courses for this program are |
| SB 2042 Credential with a Souther write Lao, Hmong, Cambodian and want | | | uthorization (for students who speak, read, and campus. |
| SB 2042 Credential with a Certificathere is no Bilingual Authorization or who | | | a language other than English and for which ad or write the language. |
| List every Junior/ Community Colleg | ge, College, and Univers | ity you have ever attended (| (including CSU Stanislaus). |
| | | | |
| Name/City/State of | f Institution Attended | | Dates Attended |
| | | From | То |
| | | From | То |
| | | From | То |
| | | | 10 |
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| | | From From | |
| | | | То |
| | | From | To To |

Note: Everything on this checklist must be attached to this application and turned in, in a <u>file folder</u> during our regular application timeline. Please copy your documents prior to submitting your application. Forms are available in the Credential Services website, <u>www.csustan.edu/Credentials/</u>

| 4 | PROCESSING FEE | | | | |
|---------------|---|--|---|--|--|
| | I'm attaching my \$30.00 application receipt from Cashier's office. Cashier's code PS-1409 . | | | | |
| 4 | | | y or Secondary for Degree Objective and not Undeclared. Also, | | |
| | | | tiple Subject or Single Subject Credential Program. | | |
| | I applied online to CSU, Stanislaus as a | Graduate student. I have enclosed a p | orinted copy of my application confirmation. | | |
| | I have not applied to Graduate Sch | ool. | | | |
| 4 | STATEMENT OF INTENT (FORM I)- | NOT REQUIRED FOR CSU STAN LIE | S MAJORS | | |
| | Enclosed is my statement of intent. Ma | aximum of 2 pages (Form I). | | | |
| 4 | LETTTERS OF RECOMMENDATION | | | | |
| | I'm a non-Liberal Studies major, and I' | m attaching 2 letters of recommendati | on (Form IIa) . | | |
| | I'm a CSU Stan Liberal Studies major, a | | | | |
| | I'm applying to the Single Subject Cred | | | | |
| | VERIFICATION OF EARLY FIELD EX | | | | |
| | Enclosed are my 45 hours of experience | | | | |
| | I have not completed my hours of expe | | art the credential program. | | |
| 4 | TECHNOLOGY PROFICIENCY REQU | | · - | | |
| | I completed this requirement, and I'm | | | | |
| 4 | SUBJECT MATTER COMPETENCY V | | | | |
| | I am applying to the Multiple Subject C | <u>.</u> | capy of my CSET score report | | |
| _ | I am applying to the Single Subject Cre | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |
| ш | | /erification (Form V) A copy of | - | | |
| | I have not completed this requirement | | | | |
| | ETHNIC IDENTITY (OPTIONAL) (Fo | | , | | |
| | Attached is my Ethnic Identity form | | | | |
| \Box | • | | \ | | |
| | PREREQUISISTE REQUIREMENTS (| | | | |
| | Enclosed is Form VII with all of the pre | erequisite courses I've taken or current | iy taking. | | |
| | BASIC SKILLS REQUIREMENT | | | | |
| _ | I have enclosed a copy of my CBEST sc | | | | |
| $\overline{}$ | | _ | port, in lieu of CBEST (Multiple Subject only) . | | |
| _ | I have enclosed my results on CSU EAP | | · · · · · · · · · · · · · · · · · · · | | |
| | | st score reports showing a score of 50 o | on Entry Level Math (ELM) test and 151 on the | | |
| | lish Placement Test (EPT). | | | | |
| - | I have not completed this requirement | : but I'm submitting proof of registration | n. | | |
| _ | LETTER OF EXCEPTION | | | | |
| | Enclosed is a letter indicating reasons | for exception to GPA (if applicable). | | | |
| 4 | CERTIFICATE OF CLEARANCE | | | | |
| | I have enclosed a copy of my email fro | m CCTC showing that I completed this | requirement (Form 41-LSa) . (Not required if you | | |
| subr | mitted a copy of your valid teaching creden | tial/ permit or child center permit). | | | |
| + | REQUEST FOR LIVESCAN SERVICES | | | | |
| | I have enclosed a copy of my processe | d Livescan application form (Form 41-L | .S). | | |
| | I have enclosed a copy of my valid tead | ching credential/ permit or child center | permit. | | |
| 4 | TUBERCULOSIS TEST RESULTS | | | | |
| | Enclosed is a copy of my tuberculosis | test results dated within the last four y | ears. | | |
| 4 | LIBERAL STUDIES EXIT SEMINAR F | ORM (CSUS Liberal Studies Multipl | e Subject ONLY) | | |
| | Attached is a copy of my LIBS 4960 Int | erview Form. | | | |
| | I am currently taking LIBS 4960 and wi | ill submit my interview form at the end | of the semester. | | |
| VEF | RIFICATIONS/AUTHORIZATIONS | | | | |
| l cer | tify that I have read all the information in t | he program handbook for which I'm applyi | ng. I agree to abide by all the policies and procedures. I | | |
| will | attend all the orientation meetings require | d for the program. I agree to inform Creder | ntial Services of any information pertinent to my status as | | |
| | | = | r email. I authorize CSU Stanislaus to release any | | |
| | | | Credentialing (CCTC), and/or school district where I might | | |
| teac | th, to determine my fitness and/or eligibility | y to teach. I certify that all the information | submitted in this application is correct. | | |
| | | | | | |
| | Signature | Printed Name | Date | | |