

Important Application Dates

August 22 - September 30, 2022
 Pay \$30 fee at Cashier's Office in MSR 100 -
 Use Cashier Code **PS-1409**.



CALIFORNIA STATE UNIVERSITY

Stanislaus

California State University, Stanislaus
 Credential Services (DBH 303)

One University Circle Turlock, CA 95382
 Phone: (209) 667-3534 | Fax: (209) 664-7058
credentials@csustan.edu

Application for Spring 2023 Credential Programs Multiple Subject & Education Specialist **ITCO AND LIBS EARLY START APPLICANTS ONLY**

Legal Name _____

SSN (**LEAVE BLANK IF EMAILING APPLICATION.**) _____ Birthdate _____

Current Mailing Address _____
 Street City State Zip

Home Phone () _____ Cell Phone () _____

Emergency Contact Name: _____ Phone Number: () _____

CSU Stan E-mail (DO NOT LEAVE BLANK – issued after Grad School application is complete) _____ Other Email _____

School Site: Choose preferred one only ☐ Turlock Campus ☐ Stockton Campus (MSCP Only)

Please select your program pathway: ☐ Full-time ☐ Part-time

Please select the Credential Program you are applying for:

☐ Multiple Subject

☐ Education Specialist - Select one: ☐ Mild/Moderate ☐

☐ Concurrent Program: Select one: ☐ Mild/Moderate & Multiple Subject ☐ Moderate/Severe & Multiple Subject

Have you ever been convicted or ever pleaded “nolo contendere” for any violation of the law other than minor offenses?

☐ No ☐ Yes - If yes, please contact the program coordinator.

Please select program choice (Multiple and Concurrent Applicants Only):

_____ Credential without a language specialization (no special authorization) – for students who speak only English.

_____ Credential with a Spanish Bilingual Authorization (for students who speak, read, and write Spanish).

_____ Credential with a Southeast Asian Bilingual Authorization (for students who speak, read, and write Lao, Hmong or Cambodian).

Please indicate language _____

List EVERY Junior/ Community College and University you have ever attended including Stanislaus State. Start with most recent.

Name/City/State of Institution Attended	Dates Attended	
	From	To
	From	To
	From	To
	From	To
	From	To

VERIFICATIONS/AUTHORIZATIONS

I certify that I have read all the information in the program handbook for which I'm applying. I agree to abide by all the policies and procedures. I will attend all the orientation meetings required for the program. I agree to inform Credential Services of any information pertinent to my status as a student in the credential program, including change of name, address, phone number, or email. I authorize CSUS to release any information from my records, which is needed by the California Commission on Teaching Credentialing (CCTC), and/or school district where I might teach, to determine my fitness and/or eligibility to teach. I certify that all the information submitted in this application is correct. I acknowledge meeting the computer competency requirement.

Printed Name _____

Signature _____

Date _____

***** Applications missing any part of the checklist requirements will not be accepted. See page 2 *****