To apply for admission to the Professional Level II Credential program, candidates must submit the following to the Department of Advanced Studies Office (PSB 348):

a. A completed Program Admission Application (Available in PSB 348).

b. Receipt for the application fee of $25 (payable at the Cashier’s Office on the Turlock or the MCRC campus).

c. A copy of a valid California Preliminary Level I Education Specialist Credential or a certificate of eligibility. To be considered for admission to the Level II program, an applicant must possess a Preliminary Level I Education Specialist Credential or a Certificate of Eligibility for the Level I credential.

d. A Letter of Recommendation from your employer if you are currently teaching as a special educator or from a faculty member, if you hold a Certificate of Eligibility.
**APPLICATION FOR ADMISSION**

PROFESSIONAL LEVEL II EDUCATION SPECIALIST CREDENTIAL: MILD/MODERATE AND MODERATE/SEVERE DISABILITIES

**Application Fee - $25.00.** Make check or money order made payable to CSU Stanislaus. Pay in person on the Turlock campus Cashier’s Office. Attach receipt of the application and submit the application to Advanced Studies (DBH 348). *Note:* Payment received by mail will be returned.

### PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED

- **Application to (check all that apply):**
  - Master of Arts in Education: Special Education
  - Professional Level II Education Specialist Credential Program: Mild/Moderate Disabilities
  - Professional Level II Education Specialist Credential Program: Moderate/Severe Disabilities

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Student ID#</th>
</tr>
</thead>
</table>

- **Mailing Address**

- **E-MAIL Address**
  - Home Phone
  - Work Phone

- **Years of teaching experience on any credential:**

- **Specialist Level II Credential Sought (please check):**
  - Mild/Moderate
  - Moderate/Severe

- **Year/Semester beginning Level II program (please check):**
  - YEAR
  - Fall
  - Spring
  - Winter

### LEVEL II CANDIDATE SCHOOL INFORMATION:

- **Site Principal:**

- **School Name:**

- **Employing School District or County**

- **School Address:**

- **School Phone:**

### SUPPORT PROVIDER INFORMATION:

- **Support Provider Name**

- **Support Provider School Address**

- **Phone:**

- **Name of Employing County or District:**

- **Credential(s) Held by Support Provider:**

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**Signature of Applicant**

**Date**
Letter of Recommendation

The applicant is required to provide all information above the double line.

Name of Applicant: ________________________________  Social Security Number: __________________________

Application for:
  ρ Master of Arts in Education: Special Education
  ρ Professional Level II Education Specialist Credential Program: Mild/Moderate Disabilities
  ρ Professional Level I Education Specialist Credential Program: Moderate/Severe Disabilities

For Letter of Recommendation: Provide knowledge of the candidate’s personal qualifications and prior experiences.

Name (Printed) ________________________________  Signature ________________________________

Institution ________________________________  Position ________________________________

Address ________________________________  Date ________________________________

Return to California State University, Stanislaus, Advanced Studies, Special Education Program Coordinator, One University Circle, Turlock, CA 95382