

Important Application Dates
 January 27 – February 24, 2020
 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

Paper Application for Fall 2020 Single Subject Credential Program

Legal Name _____
 Last First Middle Maiden/Former
 Social Security Number (required by CCTC) _____ 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 _____

Single Subject - Content Objective _____ **Pre-requisite EDSS 3900** Completed In Progress Now

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

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:

- _____ 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 CSU Stanislaus. Start with most recent.

VERIFICATIONS/AUTHORIZATIONS

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

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 CSU Stanislaus 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 *****

IMPORTANT: SSCP Paper Applications will be accepted for students who **DO NOT** need to re-apply for Grad School. Check with Credentials before submitting. Please submit the application and **ALL** items on this checklist in the order listed below in a manila FOLDER during the indicated application periods to DBH 303.

Make a copy of all documents for your records prior to submitting to us.

Mailed applications must be post-marked by the application deadline in order to be accepted.

»Credential Services DBH 303 One University Circle Turlock, CA 95382«

Application Check List

DOWNLOAD ALL FORMS from the Credential Services website:

<http://www.csustan.edu/Credentials/applicationsforms.html>

CREDENTIAL APPLICATION (First Page)

- I am attaching a completed and signed credential application form.

PROCESSING FEE

- I am including my \$30 application receipt. - Pay fee at Cashier's Office in MSR 100 - Use Cashier Code PS-1409. OR
 My application has been mailed in. I have included a \$30 check or money order payable to "CSU Stanislaus"

STATEMENT OF INTENT (Form I)

- I have included my statement of intent. **Two page maximum** – can also be double spaced.

REFERENCES / RECOMMENDATIONS (Form II)

- I am including **two** Form II's.

VERIFICATION OF EARLY FIELD EXPERIENCE

- I have included my 45 hours of experience (Form III OR letter from school). OR
 I have not completed my hours of experience but will turn them in soon. ***Required to be coded for Grad School.***

PREREQUISITE/CO-REQUISITE REQUIREMENTS (Form IV)

- I have filled out **all** areas for SSCP.
 I am including a sealed official high school transcript if my second language experience was met while in high school.

BASIC SKILLS REQUIREMENT {BSE} - (Check ONE Only)

- I have included a copy of my CBEST score report. OR
 I have included **OFFICIAL passing** results for **ONE** of the following: (CSU EAP Math/English Test; OR CSU EPT/ELM; OR combination of scores from EAP and EPT/ELM; OR ACT Exam; OR SAT Exam). ***Please submit results in sealed official envelope.*** OR
 I have included passage of BSE from another state. OR
 I have not completed this requirement but I am including proof of registration DATE for CBEST.

SUBJECT MATTER COMPETENCY VERIFICATION – (Check ONE Only)

- I have taken the Single Subject CSETs and I have included a copy of my CSETs score report. OR
 I have completed the Subject Matter Preparation Program (CSET Waiver) and have included **signed** verification. **(1st Form V).** OR
 I have not completed this requirement but I am including proof of registration DATES to take the appropriate CSET subtests.

ETHNIC IDENTITY (Form VI)

- I am including completed form.

LETTER OF EXCEPTION (If applicable)

- I do not meet the minimum GPA requirement; I have included a letter indicating reasons for admission.

REQUEST FOR LIVESCAN SERVICES - (Form 41-LS) - Not required for current holders of a valid document cleared by the CTC.

- I have included a copy of my processed Livescan (fingerprint) form. OR
 I have included a copy of my **valid** teaching credential/ permit, child center permit or other document cleared by the CTC.

CERTIFICATE OF CLEARANCE - (Form 41-LSa) - Not required for current holders of a valid document cleared by the CTC.

- I am including a copy of my email from CCTC showing that I have applied for clearance. ***Must have COC to be admitted to Credential Program*** OR

- I am including a copy of my **valid** teaching credential/ permit, child center permit or other document cleared by the CTC.

TUBERCULOSIS CLEARANCE

- I have included a copy of my Tuberculosis test results dated within the last four years. OR
 I have included a copy of my Tuberculosis Risk Assessment Questionnaire Certificate of Completion dated in the last four years.

RELEASE OF LIABILITY FORM

- I have read, signed and included this form.