



Stanislaus State

Application for Credential Recommendation

Credential Services • DBH 303
One University Circle, Turlock, CA 95382
Phone: (209) 667-3534 • Fax: (209) 664-7058
credentials@csustan.edu

NOTE: Please be sure to provide the same information contained in your CTC profile. We are no longer able to change/update names, email or address upon recommendation to CTC.

Student ID: _____ Date of Birth: _____

Applicant's Name: _____

Former/Maiden Names: _____

Cell or Home Phone: _____

E-mail (Same as provided in CTC profile) _____

PLEASE SELECT TYPE OF CREDENTIAL APPLYING FOR:

<input type="checkbox"/> PRELIMINARY: <input type="checkbox"/> <u>SB2042 Multiple Subject</u> <input type="checkbox"/> BCLAD: _____ Language <input type="checkbox"/> <u>SB2042 Single Subject</u> Subject Area: _____ <input type="checkbox"/> BCLAD: _____ Language <input type="checkbox"/> <u>Education Specialist</u> <input type="checkbox"/> Mild/Moderate <input type="checkbox"/> Moderate/Severe <input type="checkbox"/> <u>Administrative Services</u> <input type="checkbox"/> CLEAR: <input type="checkbox"/> <u>Reading & Language Arts Spec.</u> <input type="checkbox"/> <u>Pupil Personnel Services</u>	<input type="checkbox"/> INTERNSHIP: <input type="checkbox"/> <u>SB2042 Multiple Subject</u> <input type="checkbox"/> BCLAD: _____ Language <input type="checkbox"/> <u>SB2042 Single Subject</u> Subject Area: _____ <input type="checkbox"/> BCLAD: _____ Language <input type="checkbox"/> <u>Education Specialist</u> <input type="checkbox"/> Mild/Moderate <input type="checkbox"/> Moderate/Severe <input type="checkbox"/> <u>Administrative Services</u> <input type="checkbox"/> <u>Pupil Personnel Services</u> <input type="checkbox"/> CERIFICATE OF ELIGIBILITY: <input type="checkbox"/> <u>Administrative Services</u>	ADDED AUTHORIZATIONS: To Multiple or Single Subject: <input type="checkbox"/> <u>Supplementary Authorization</u> Subject Area: _____ <input type="checkbox"/> <u>Subject Matter Authorization</u> Subject Area: _____ <i>Note: Students requesting to be evaluated for Subject Matter or Supplementary Authorizations must pay a \$10.00 processing fee for recommendation to California Commission on Teacher Credentialing. Please pay Cashiers (MSR 100) and submit receipt with this application. Cashier code PS-1409.</i> <i>Note: Fee not required if BA/BS Degree is in the subject area.</i> <input type="checkbox"/> <u>Bilingual Authorization</u> BCLAD: _____ Language
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I authorize CSU Stanislaus to release any information from my records, which is needed by any school district or county office of education where I might teach to determine my fitness and/or eligibility to teach. I certify that all of the information submitted with my application is correct.

Signature _____ Date _____

Check off the student use line only, for requirements already completed. Leave blank if in progress.

	TPA	RICA	600 HRS	CPR	SMC			
Student Use:					N/A	N/A	N/A	N/A
OFFICE USE								

F/T N/T PCD _____ Effective Date _____ Entered in PS _____