

CSUMB ID #

Revised 12/4/2018

INFORMATION COVER SHEET

All information below is REQUIRED. Attach this form to the front of your application packet. All items listed on the Application Checklist should be submitted to the CSUMB Credential Analysts as a complete packet.

FULL NAM	E:			
Full Social	Security Number:			
Birthdate: Phone:				
PERMANENT email address: (IMPORTANT: Check to be sure the CTC has a PERMANENT email address on file for you at www.ctc.ca.gov by logging in on the Educator Login button and updating your information if needed. The CTC sends all emails regarding your credential to the email address they have on file.) □ JOIN THE ALUMNI CLUB: Check this box to receive information from Dr. Erin Ramirez about our new Alumni Club! Participants will receive information regarding various events (professional development, networking, social events) at the permanent email address provided above. Level of credential: □Intern □ Preliminary □ Clear □ Certificate of Eligibility □ Added Auth.				
Program:	□Multiple Subject	Single Subject	□Special Education □M	1ild/Mod 🛛 Mod/Severe
	□School Psychology		□Administrative Servio	ces
	□Bilingual Authorization	□Other Authorization		_
Is this your first credential? IYES INO, I already hold a Preliminary or Clear credential.				
Were you an intern or co-teacher? Intern ICo-teacher				
How did you satisfy the Basic Skills Requirement (Check one): CBEST CSET plus Writing Out of State exam CSU EAP English & Math SAT or ACT How did you satisfy Subject Matter Competency (Check one):				
CSET Which CSET did you pass?				
OR				
Subject Matter Program (A copy of your signed waiver letter must accompany this application.)				
Did you rec	eive a 🗆 B.A. OR 🛛 B.S. de	gree? List major:		
College where you obtained your Bachelor's degree:				
Have you already accepted a teaching job offer? No Yes Where?				
Privacy Act Information Release: (Please check one) I wish I do NOT wish to have information released to prospective/current employers, school districts, or county Offices of Education concerning my application packet. (No personal information is released.)				
Electronic or written signature: Date:				
Do not write below this line.				
Recommen	ded Credential:	!:	ssuance Date:	Expire date:
NOTES:				CMS Rec Log