

**DEADLINE:** Must be submitted and approved *before* registering for any Level II Coursework

DATE of Application: Applying for: Fall Spring Year

1) Off-campus/Bay Area Program

Mild/Moderate

Moderate/Severe

Early Childhood

Student Identification ID#:

Name:

Home Email:

Cell Phone:

Address:

Home Phone

City/State:

Zip:

Work Phone:

Indicate credential(s) held: Fill in all that apply.

**ATTACHMENTS:** You must submit copies of credential(s) held or a letter of verification as proof that you have applied to the California Commission for Teacher Credentialing for an appropriate Preliminary Credential (Level I).

**Credentials:** Check (X) and provide information for all that apply

x	Credential Held	Name of Institution/University - State	Date Applied/Granted
	Prelim Mild/Moderate Specialist Level I		
	Prelim Moderate/Severe Specialist Level I		
	Early Childhood Special Ed Specialist Level I		
	Multiple Subjects		
	Single Subjects		
	Other:		

**Teaching Experience:** Please list in chronological order beginning with your current employment

Inclusive Dates	Name of District/Agency & School	Fulltime or Partime %	Position Title & Grade Level
to			
to			
to			
to			

**For All Applicants: Current Employment: Job Description**

With this application, submit as a Word (.doc) or .pdf attachment (other electronic formats will not be accepted)- a typewritten statement describing your current employment: include your employment address, contact information a description of your job setting, your student population, your job title/role, your duties and responsibilities. Also provide contact information for your principal or immediate supervisor.

**Release of information:** "I authorize the release of information regarding my credential status to: The CSUS College of Education faculty and staff, the CSUS college of Continuing Education, school districts, County School of Education Offices, the Commission on Teacher Credentialing, other colleges and universities.

For applicants who completed a Preliminary Level I credential at another institution or were granted a Level I from the Commission on Teacher Credentialing - continue to page 2 and complete the application form. For applicants with a CSUS preliminary Level I, page 2 is NOT required.

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**Educational Institutions: Attendance/Degrees:**

List all educational institutions you have attended (post-high school) including CSUS beginning with the most recent . If necessary attach and additional sheet.

Name of Institution	Location City/State	Inclusive Dates	Units	Degree & Date
		to		
		to		
		to		
		to		

**Professional References:** List supervisors, teachers, faculty who are familiar with your teaching knowledge/skills.

Name	Position	Address	E-mail	Phone

**Evidence of Teaching Effectiveness**

Attach copies of student-teaching evaluations, letters of reference from supervisors, or other teaching evaluations.

**Professional Goal Statement**

Attach a typewritten statement in paragraph form (approx 250 words, 12 pt font) describing your goals for professional growth and your ability to provide high quality services for students with disabilities in your current job setting.

----- Application Reviewer Section -----

All Required Materials Submitted

Incomplete NOTES:

Minimum Applied/ Holds Appropriate Prelim Credential (Level I)  
 Verification/Holds Employment in an appropriate setting (Preliminary Credential)  
 Verification of High Qualification - Teaching Effectiveness/ References/Prof Statement

Recommendation for: Admission Further Review Needed Non-Admission  
 1) On-campus/ Sacramento Area Program 2) Off-campus/Bay Area Program

Faculty Advisor/Level II Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_

Letter of Acceptance Sent Designated Academic Advisor

