

INFORMATION COVERSHEET

All information below is **REQUIRED**. Do not skip any sections.
Please **TYPE** or **PRINT** and submit this form with your Credential Application Packet.

FULL NAME _____
First
Middle
Last
Receipt # for \$25 fee

SS # _____ **DATE OF BIRTH** _____
Month
Day
Year

SJSU ID # _____ **PHONE** _____

ADDRESS _____
Street
City
State
Zip

EMAIL ADDRESS _____

IMPORTANT: Please provide current contact information, specifically a working email address, in case we need to communicate with you about your credential application. If your credential application is submitted via postal mail, you will receive an email confirmation upon receipt.

Applicant Signature Required _____

Date _____

CREDENTIAL TYPE	*	
TERM	*	
SINGLE SUBJECT AREA	*	
Bilingual Authorization (Spanish)	Check box if applicable. VERIFICATION of CSET exam is required. Attach a copy of the score report with credential application.	<input type="checkbox"/>

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

CREDENTIAL CODE		CTC ONLINE	
ISSUE DATE		SEMESTER COMPLETED	
EXPIRATION DATE		DATE COMPLETED	
AUTHORIZATIONS	<input type="checkbox"/> AAAS <input type="checkbox"/> BASP <input type="checkbox"/> ELA _____		
SMC	<input type="checkbox"/> EXAM _____ <input type="checkbox"/> SMC @ _____ <input type="checkbox"/> AB 130		
INTERNSHIP @			

DATE	COMMENT