

Request to Add PPS Credential

		Semester	
Last Name	First Name	Middle Initial	Student ID
Current Program (mus	t be classified):		

Application Requirements

- 1. Unofficial transcripts
- 2. Minimum GPA of 3.0
- 3. Statement of Justification
- 4. Three (3) letters of recommendation

Requirements for credential (in addition to requirements 1-3)

- Meet Basic Skills Requirement (BSR)
- Certificate of Clearance or valid Teaching Credential

Please submit the application to the PPS Program Coordinator via email, or you may drop off the application packet to the Department of Counselor Education and Rehabilitation in ED 350.

Kremen School of Education and Human Development Counselor Education and Rehabilitation (CER) 5005 North Maple Ave. M/S ED3 Fresno, CA 93740-8025



Justification for Request

Last Name

First Name

Middle Initial

In the space provided below (or an attached page), provide relevant information about yourself including goals, objectives, and experiences related to the advanced credential program to which you are applying. Please focus primarily on your short-term and long-term professional goals. You may attach additional pages. (1-2 pages maximum)



Student Data Sheet

Semester_____

Human Development						
Current Program (must be classified):						
Last Name	First Name	Middle Initial	Student ID			
	FOR OFFICE US	SE ONLY				
1. D Unofficial transcripts						
2. 🔲 GPA Minimum 3.0:	UGRD Cumulative PBAC Cumulative Fresno State PBAC Last 60 units					
3. Given Statement of Justific	ation					
4. Three letters of reco	ommendation					
Additional Requirements	for Advanced Credential	I				
Basic Skills Require	ment (BSR)					
Certificate of Cleara	nce - or valid Teaching Credential					
Fa	culty Review		Notes			
Credential Program:	🗌 Admit 🔲 Deny					
Admit Conditions:						
Denial Reasons						
Coordinator	Date					