

SINGLE SUBJECT CREDENTIAL PROGRAM

**SUMMER 2020 - Fall 2021 COVID-19 SPECIAL CIRCUMSTANCE REQUEST FOR ADMISSION
TO CREDENTIAL PROGRAM DUE TO TEST CENTER CLOSURE, POSTPONEMENT OR CANCELLATION OF EXAMINATION
SCHEDULED MARCH 19, 2020- AUGUST 31, 2021**

Submitting this form is neither a guarantee nor a promise of admission to the credential program

Date of request: _____ Semester/Year Start: _____

Student and Program Information

Last Name	First Name	Fresno State ID
<input type="checkbox"/> AG	<input type="checkbox"/> BIOLOGY	<input type="checkbox"/> ENGLISH
<input type="checkbox"/> ART	<input type="checkbox"/> CHEMISTRY	<input type="checkbox"/> FRENCH
	<input type="checkbox"/> GEO SCIENCE	<input type="checkbox"/> IND TECH
	<input type="checkbox"/> MATH	<input type="checkbox"/> MUSIC
	<input type="checkbox"/> PHY EDUC	<input type="checkbox"/> PHYSICS
	<input type="checkbox"/> SOCIAL SCIENCE	<input type="checkbox"/> SPANISH

Requirement Not Met

Basic Skills Requirement Not Met [CBEST]

- CBEST subtests passed: Reading Mathematics Writing **Overall CBEST score:** _____
- CBEST subtests attempted/not passed: R M W **Date last exam taken:** _____
- Initial CBEST examination taken; results pending. **Date taken:** _____
- Initial CBEST examination postponed or rescheduled by test center on **[date]** _____
- Initial CBEST examination registration fees paid on **[date]** _____; examination not scheduled
- Initial CBEST registration fees not paid; examination not scheduled

Subject Matter Competency [CSET] Not Met

- CSET subtests passed: _____ _____ _____ _____
- CSET subtests attempted/not passed: _____ _____ _____ **Date last exam taken:** _____
- Initial CSET examination taken; results pending. **Date taken:** _____
- Initial CSET examination postponed or rescheduled by test center on **[date]** _____
- Initial CSET examination registration fees paid on **[date]** _____; examination not scheduled
- Initial CSET registration fees not paid; examination not scheduled

Justification Request for Admission to Credential Program

1. **Required:** Attach a well-written justification that includes reasons for not having met the examination requirement. Include a proposed timeline for your completion of the required examinations.
2. **Required:** Attach evidence of your next scheduled examination date. *[evidence = a payment receipt showing your next registered test date, or an email or letter from the test center that confirms the date of your next registered examination].*
3. **Required:** Attach evidence that all or part of the CBEST and/or CSET examination was scheduled, rescheduled or attempted between **March 19, 2020 – August 31, 2021**. *[evidence = an email or letter from the test center for the March 19-August 31 time period that: [1] you registered or attempted to register for a test date; or [2] you registered for a test date that was later postponed or rescheduled; or [3] a copy of the receipt of payment to test center that shows the test date].*

Academic Area Advisor Signature

Date

Applicant Signature

Date

Office Use Only

Special Circumstance Committee decision: Approved Denied Date: _____ Coordinator initials: _____