



Education Specialist Credential Program Application for Credentialed Multiple or Single Teachers Seeking to Add ES Credential

Intended Program Start Date: Fall 20_____ Spring 20_____

Student Information

Last Name	First Name	Former Name (If applicable)	Student ID
Undergraduate Degree	Institution	Graduated or Anticipated Graduation Semester/Year	
Master's Degree	Institution	Graduated or Anticipated Graduation Semester/Year	

Program Information

SELECT PROGRAM:

- | | |
|--|--|
| <input type="checkbox"/> Education Specialist Program for MS credentialed teachers
<input type="checkbox"/> Mild/Moderate or <input type="checkbox"/> Moderate/Severe | <input type="checkbox"/> Education Specialist Program for SS credentialed teachers
<input type="checkbox"/> Mild/Moderate or <input type="checkbox"/> Moderate/Severe |
|--|--|

Admission Requirements

- | | |
|---|-------------------------------|
| 1. Credential Program Application | 4. Applied to Cal State Apply |
| 2. Orientation and Interview Form | 5. TB Risk Assessment |
| 3. Copy of Preliminary or Clear CA Credential | 6. Advising |

For Office Use

1. 2. 3. 4. 5. 6.

GPA: _____ Cum _____ 60 units CSET: 101 _____ 214 _____ 103 _____ Coursework

Admitted _____ Denied _____
Credentialed Admissions Analyst Signature