



# Single Subject Credential Program Secondary Education

**DATE OF APPLICATION: Date:** \_\_\_\_\_ **SEMESTER APPLYING FOR:**  
**Fall 20** \_\_\_\_\_ **Spring 20** \_\_\_\_\_

Single Subject Area \_\_\_\_\_ Advisor: \_\_\_\_\_

Write in subject area of interest above. Choose from one of the following sixteen (16) categories:

- |         |           |                   |         |                   |                       |             |         |
|---------|-----------|-------------------|---------|-------------------|-----------------------|-------------|---------|
| Art     | Business  | English/Theatre   | French  | German            | Japanese              | Mathematics | Physics |
| Biology | Chemistry | Foundational Math | Geology | History/Social Sc | Kinesiology/Phys. Ed. | Music       | Spanish |

**(CWID) Student ID** \_\_\_\_\_ **SS#** \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name Former Name(s) Birth Date

Address \_\_\_\_\_  
Number and Street Apt. No. City Zip Code

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Home Area Code Work/Cell

E-Mail Address: \_\_\_\_\_

Undergrad. Academic Major \_\_\_\_\_ No. of Units to Complete Undergrad. Major \_\_\_\_\_ Degree \_\_\_\_\_

**Prerequisite Tests**

CBEST	Passed <input type="checkbox"/>	Waiting for Score <input type="checkbox"/>	Not Taken <input type="checkbox"/>
CSET	Passed <input type="checkbox"/>	Waiting for Score <input type="checkbox"/>	Not Taken <input type="checkbox"/>
SSAT Exam	Passed <input type="checkbox"/>	Waiting for Score <input type="checkbox"/>	Not Taken <input type="checkbox"/>
Praxis II Exam	Passed <input type="checkbox"/>	Waiting for Score <input type="checkbox"/>	Not Taken <input type="checkbox"/>
Subject Matter Prep Program	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	

**Prerequisite Classes**

EDSC 304/307 (formerly 404/407)	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Taken <input type="checkbox"/>
EDSC 310	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Taken <input type="checkbox"/>
EDSC 320 (386)	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Taken <input type="checkbox"/>
EDSC 330 (440R)	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Taken <input type="checkbox"/>
EDSC 340 (440M)	Completed <input type="checkbox"/>	In Progress <input type="checkbox"/>	Not Taken <input type="checkbox"/>

**EDUCATION (List all College/University Work including Extension)**

Name of Institution	Dates Attended	Degree/Major(s)

(Continued next page)

**NAMES OF PROFESSORS who will be asked for recommendations  
(Please include at least two from your academic major)**

Professors	School	Departments

**EXPERIENCE Leading/Teaching Youth Groups (Including all applicable experience working with children/young adults/paid and volunteer; also bilingual/cross cultural experience.)**

Dates	Firm/District/Institution/School/Organization	Duties/Job Title

**Types of Valid California Credential(s) Held and Date of Expiration**


**List all Foreign Languages Spoken or Studied: indicate years studied and current level of proficiency. Indicate your level of fluency: F = Fluent    A – Average    P = Passable**

Languages Spoken	Languages Studied	Years studied in HS/College

10/5/05

