



CALIFORNIA STATE UNIVERSITY
FULLERTON
 Credential Preparation Center, CP 540
 (657) 278-3205 Fax (657) 278-2868

BILINGUAL AUTHORIZATION
 CREDENTIAL APPLICATION

| | | | | | | | | |
|--|--|--|----------------------------------|-------------------|--|--------------------|--|--|
| Last Name: _____ | | | First Name: _____ | | | Middle Name: _____ | | |
| Maiden Name: _____ | | | | | | CWID: _____ | | |
| Social Security Number: _____ - _____ - _____ | | | Date of Birth: _____ - _____ -19 | | | | | |
| Address: _____ | | | | City/State: _____ | | Zip: _____ | | |
| Home Phone: () _____ | | | Work Phone: () _____ | | | | | |
| Cell: () _____ | | | Email: _____ | | | | | |
| Online application requires a valid e-mail account. | | | | | | | | |

TYPE OF CREDENTIAL HELD:

- EDUCATION SPECIALIST (CIRCLE ONE): M/M M/S ECSE
- MULTIPLE SUBJECT
- SINGLE SUBJECT

___ PRELIMINARY

___ CLEAR

Language: _____

OFFICE USE ONLY:

DATE STAMP

| |
|---|
| Completion Date: _____ |
| Issuance Date: _____ |
| CTC Submittal Date: _____ |
| <input type="checkbox"/> ACCESS DATA ENTRY |
| <input type="checkbox"/> CMS DATA ENTRY |