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

SINGLE SUBJECT

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 FOR WHICH YOU ARE APPLYING:

- ☐ **INTERNSHIP**
- ☐ **PRELIMINARY**
- ☐ **CLEAR**

SINGLE SUBJECT – SUBJECT(S):_____

BILINGUAL AUTHORIZATION_____
Language

SUBJECT MATTER AUTHORIZATION(S) _____
(NCLB Compliant)

SUPPLEMENTARY AUTHORIZATION(S) _____
(Non NCLB Compliant)

OFFICE USE ONLY: *DATE STAMP*

Completion Date: _____

Issuance Date: _____

CTC Submittal Date: _____

- ☐ **ACCESS DATA ENTRY**
- ☐ **CMS DATA ENTRY**