

## Single Subject Credential Prerequisite Application

Date of Application:	Have you applied as a graduate/credential student through CSU Apply? Yes No			ıt		
Program Application Term/Year: Fall Spring	un ough de	,	100			
Credential Program Subject:						
Personal Information						
First Name:	Middle:	Last N	lame:			
CWID:	Date of Bir	th:				
Address:	City:			Zip Code	e:	
Cell Phone:	Alternate P	hone:				
CSUF Email:	Alternate E	imail:				
Gender Identity:	Race/Ethnicity:					
	Are you a Native English speaker? Yes No					
Academic Information						
Are you a current or former CSUF student?						
Yes No						
GPA (cumulative or last 60 semester units):	Date of	Graduation:				
Undergraduate Major:						
List all colleges/universities you have atten	ded and degrees	s earned:				
Is your BA/BS degree from a regionally accre* Check college/university accreditation states **Check to see if the CTC accepts this accreditation.	tus here: https:/	/ope.ed.gov/d	apip/#/l	nome	Yes /what-d	No oes-

I have attended a program overview and understand the admission requirements, deadlines and protocol.

Yes No

regional-accreditation-mean