CALIFORNIA STATE UNIVERSITY
FULLERTON

Credential Preparation Center
P.O. Box 6868
Fullerton, CA
92834-6868

SINGLE SUBJECT

CREDENTIAL APPLICATION

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ CWID: _____

Last Four Digits of SSN: XXX-XX-_____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____

Email: _____

Online credential recommendation will be sent to the email address associated with your CTC 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: _____

☐ **MyCOE DATA ENTRY**

☐ **CMS DATA ENTRY**

Updated 3/4/2026