

## INFORMATION COVERSHEET

All information below is **REQUIRED**. Do not skip any sections.  
Please **TYPE** or **PRINT** and submit this form with your Credential Application Packet.

**FULL NAME** \_\_\_\_\_  
First Middle Last Receipt# for \$25 fee

**SS #** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**SJSU ID #** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**EMAIL ADDRESS** \_\_\_\_\_

IMPORTANT: Please provide current contact information, specifically a working email address, in case we need to communicate with you about your credential application. If your credential application is submitted via postal mail, you will receive an email confirmation upon receipt.

\_\_\_\_\_  
Applicant Signature Required

\_\_\_\_\_  
Date

<b>CREDENTIAL TYPE</b>		
<b>TERM</b>		
<b>SINGLE SUBJECT AREA</b>		
<b>Bilingual Authorization (Spanish)</b>	Check box if applicable. VERIFICATION of CTEL exam is required. Attach a copy of the score report with credential application.	

### DO NOT WRITE BELOW THIS LINE

<b>CREDENTIAL CODE</b>		<b>CTC ONLINE</b>	
<b>ISSUE DATE</b>		<b>SEMESTER COMPLETED</b>	
<b>EXPIRATION DATE</b>		<b>DATE COMPLETED</b>	
<b>AUTHORIZATIONS</b>	<input type="checkbox"/> AAAS <input type="checkbox"/> BASP <input type="checkbox"/> ELA____		
<b>SMC</b>	<input type="checkbox"/> EXAM _____ OR <input type="checkbox"/> SMC @ _____		
<b>INTERNSHIP @</b>	_____		

DATE	COMMENT