Applicant Information Form

Single Subject Credential Program

San Jose State University

Instructions: Complete and submit this form to Sweeney Hall 301.

Name (print) _____
LAST FIRST

SJSU ID_____ Birth date_____ Soc. Sec. # _____

Address _____
City State Zip

Daytime Telephone _____ Alternate Telephone_____

E-mail _____ Fax _____

When do you intend to start the Credential Program? ☐ Fall ☐ Spring Year _____

Which credential do you intend to earn? ☐ Preliminary Teaching Credential ☐ Special Education

Teaching Subject Area (Check one): ☐ Art ☐ English ☐ Music ☐ Math ☐ Science

☐ Foreign Language: Spanish / French ☐ Kinesiology ☐ Science Social

Are you an applicant for the Internship Program? ☐ Yes ☐ No

NOTE: You may apply for the Internship Credential prior to being employed, but you must be employed as a teacher in Partnership school to remain eligible for the Internship Program.

Are you currently teaching on a temporary certificate? ☐ No ☐ Yes If yes, please indicate:

School and district_____ Subject and grades_____

Signature _____ Date _____

10/09/06