Application Form

Semester in which you are applying: _______________________

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<th>Last Name</th>
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<th>Mailing Address</th>
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Best daytime number to reach you _________________________
Primary Email Address _________________________

Application Objective: Please check one box to indicate which program you are applying to.

**Mild to Moderate Disabilities**

- [ ] Preliminary Education Specialist Teaching Credential
- [ ] Preliminary Education Specialist Teaching Credential: Applicants who hold a Clear Single or Multiple Subject Credential
- [ ] Concurrent: Multiple Subject Credential
- [ ] Concurrent: Single Subject Credential

**Moderate to Severe Disabilities**

- [ ] Preliminary Education Specialist Teaching Credential
- [ ] Preliminary Education Specialist Teaching Credential: Applicants who hold a Clear Single or Multiple Subject Credential

**Early Childhood Special Education**

- [ ] Preliminary Education Specialist Teaching Credential
- [ ] Added Authorization in Early Childhood Special Education

**Clear Credential and Certificate Options**

- [ ] Clear Education Specialist & Induction Program
- [ ] Certificate in Theory, Knowledge, and Practice about Autism Spectrum Disorders

**Master of Arts**

- [ ] Master of Arts in Education, emphasis in Special Education
**Education Specialist Credential Program Applicants**

Are you interested in becoming an Intern?  Yes  _____  No  _____

If yes, do you have a job offer?  Yes  _____  No  _____

Please select the program that reflects your position:  MM  MS  ECSE

**Subject Matter Competency:** Indicate how you met this requirement. Please be sure to submit passing scores for each section of the CSET. Single Subject areas approved by the CTC: Art, English, Foreign Language, Mathematics including foundational-level mathematics, music, social science, or science including foundational-level general science and specialized science.

- [ ] Multiple Subject CSET
  - Date Passed: __________________
  - Date Passed: __________________
  - Date Passed: __________________

- [ ] Single Subject CSET (Subject: __________________)
  - Date Passed: __________________
  - Date Passed: __________________
  - Date Passed: __________________

- [ ] Child Development Courses (ECSE Only) – 9 Units
  - Course: __________________
  - Course: __________________
  - Course: __________________

- [ ] Base Credential (Single or Multiple Subject: __________________)
  - Expiration Date: ________________

**Master of Arts in Education, Emphasis in Special Education**

Please be advised that all applicants are required to pass either the Graduate Record Exam (GRE) or the Department of Special Education MA Writing Assessment.

- [ ] Graduate Record Exam: Analytical Writing Section
  - Score: ________________

- [ ] MA Writing Assessment
  - Date that the exam was taken: ________________

- [ ] I, hereby, certify that the above documents submitted are correct to the best of my knowledge. I, understand, submitting false information can disqualify me from the program.

_________________________  ____________________________  ____________
Name (printed)  Signature  Date