Application Form

Semester in which you are applying: _____________________________

Last Name                              First Name                                                                          MI

Mailing Address             City        State        Zip Code
(               )                 -

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

Master of Arts

☐ Master of Arts in Education, emphasis in Special Education

Certification

☐ Certificate in Theory, Knowledge, and Practice about Autism Spectrum Disorders
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 ________________

SPED Department Application Form Revised 2.3.2020