



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: _____

ACCESS DATA ENTRY

CMS DATA ENTRY

1/5/2021

THE CALIFORNIA STATE UNIVERSITY