CHARTER COLLEGE OF EDUCATION

Date: _____

Application for Admission
CREDENTIAL AND CERTIFICATE PROGRAMS

Please type   CIN: _____

Name: _____ SSN: _____

     Last   First   Middle

List other names that may appear on your records:_____

Address: _____

     Street   City   State   ZIP

DOB: _____ Primary Language: _____ Email: _____

Telephone: Home _____ Work _____ Cell _____

Gender: M ☐ F ☐   Ethnicity (Optional): _____   Class Standing: Jr* ☐   Sr* ☐   Grad ☐

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*Anticipated date of Bachelor's Degree: _____   Undergraduate Major: _____

Degree(s) Held: (Blended ☐   Urban Learning ☐)

BA ☐ BS ☐   _____
             Major   University   Date Awarded

MA ☐ MS ☐ _____
             Major   University   Date Awarded

Other degree _____
             Major   University   Date Awarded

Other college/universities attended and dates of attendance: _____

Note: You must submit ONE OFFICIAL SET OF TRANSCRIPTS FROM ALL SCHOOLS (excluding Cal State LA) to the Charter College of Education, Office for Student Services. Transcripts from foreign universities must be evaluated by an approved agency. See www.ctc.ca.gov/credentials/leaflets/cl635.pdf, for a list of approved agencies.

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THIS APPLICATION IS FOR ADMISSION TO A CREDENTIAL/CERTIFICATE PROGRAM: Year: _____

☐ Fall Semester   ☐ Spring Semester   ☐ Special Session (if available—please indicate term) _____

CREDENTIAL/CERTIFICATE OBJECTIVE:

☐ Multiple Subject

☐ Single Subject_____
          (Teaching area: i.e., English, Mathematics, Biology, Social Science, Art, Music)

☐ Education Specialist_____
          (Area: i.e., Early Childhood, Mild/Moderate, Moderate/Severe, Physical & Health or Visual Impairment)

☐ Added Authorization _____
          (i.e., Adapted PE or Education Specialist added authorization in ASD, OI, OHI)

☐ Bilingual Authorization _____
          (Language: i.e., Chinese, Korean, Spanish, Tagalog)

☐ Services_____
          (Area: i.e., Preliminary Administrative, School Counseling, School Psychology, Speech Language Pathology)

☐ Reading/Language Arts Specialist

☐ Clinical Rehabilitation Services: Orientation and Mobility

☐ Certificate _____
          (Area: i.e., Computer Application, English as a Second Language, Autism, ABA, Transition Specialist)

Credential(s) Held _____
          (Area: i.e., Multiple Subject-Preliminary, Single Subject English-Professional Clear)

RETURN COMPLETED APPLICATION PACKET TO
THE CHARTER COLLEGE OF EDUCATION, OFFICE FOR STUDENT SERVICES, KH-D2078
PLEASE ALLOW FOUR TO FIVE WEEKS TO REVIEW YOUR APPLICATION.

6/10/2016

Technology Proficiency:

     I verify that I:

1) Own or have ample access to a computer (example in Cal State LA computer labs, or at home or work);
2) Have general knowledge of operation and care of a computer, computer hardware/software, and am able to implement some basic troubleshooting techniques (ex. check connections, restart the computer, etc);
3) Have an email account; and
4) Have a basic understanding of how to use the internet.

     I understand that it is the expectation that the above skills and their use will be integrated within courses in my credential program(s).

By signing this form I also verify that all information included in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please do not write below this line.

OFFICE WORK SHEET ONLY:

COMM 1100/1510 ___   Math 1100: ___
EDFN 4131 ___   EDSP 4000 ___   WPE: _____

Colleges/Universities Attended: _____

Calc of Last 60 Sem:	Term	Units	Points	BA Degree: _____
_____	_____	_____	_____	Date: _____
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6/10/2016