



GRADUATE COLLEGE of EDUCATION

Credential & Graduate Services Center
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MULTIPLE SUBJECT CREDENTIAL PROGRAM APPLICATION

CONTACT INFORMATION

SSN: \_\_\_\_\_ SFSU ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ACADEMIC INFORMATION

Degrees earned or in progress:

Bachelor's Degree: Date (to be) granted: \_\_\_\_\_ Academic Major: \_\_\_\_\_
Institution: \_\_\_\_\_
Master's Degree: Date (to be) granted: \_\_\_\_\_ Academic Major: \_\_\_\_\_
Institution: \_\_\_\_\_

MULTIPLE SUBJECT PROGRAM OPTIONS

Please indicate your choice: [One Calendar Year Program OR Three-Semester Program]

- Semester: [ ] Fall [ ] Spring
[ ] One Calendar Year Program—General Education [Coursework: July plus Fall and Spring]
[ ] Spanish/Bilingual Authorization—[Coursework: July plus Fall and Spring]
• Bilingual Education—Spanish (For applicants with proficiency in Spanish language skills)
Year: \_\_\_\_\_
[ ] Three-Semester Program—General Education [Coursework: Fall-Spring-Fall OR Spring-Fall-Spring]
[ ] Three-Semester Program—With Emphasis [Coursework: Fall-Spring-Fall OR Spring-Fall-Spring] PLEASE SELECT ONE.
[ ] Bilingual Education—Cantonese (For applicants with proficiency in Cantonese language skills)
[ ] Bilingual Education—Mandarin (For applicants with proficiency in Mandarin language skills)
[ ] Early Childhood Education

APPLICANT SIGNATURE

I have read and understood the instructions and information given to me in this document. All information I am submitting is true and correct.

Name (signature):

Date