



# GRADUATE COLLEGE of EDUCATION

Credential & Graduate Services Center  
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## SPECIAL EDUCATION PROGRAMS APPLICATION

### CONTACT INFORMATION

SSN: \_\_\_\_\_ SFSU ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

### SPECIAL EDUCATION PROGRAM OPTIONS

Please indicate your choices below:

#### Semester:

- Fall
- Spring
- Year \_\_\_\_\_

#### Credential: (select only one)

- Preliminary
- Clear

#### Program Option: (select only one)

- Masters Only
- Masters plus Credential

#### Program Emphasis:

- Early Childhood Spec Educ. (436)
- Mild/Moderate Disabilities (481)
- Moderate/Severe Disabilities (482)
- Orientation & Mobility (904)
- Visual Impairments (483)

#### Credential Authorization:

- (Must hold valid credential)
- Orthopedically Impaired

#### Graduate Certificate:

(Must have earned Master's degree or be enrolled in a Master's program)

- Autism Spectrum
- Early Childhood Spec Educ.
- Augmentative and Alternative Communication

#### Added Bilingual Authorization:

(Must hold valid credential)

- Spanish

### APPLICANT SIGNATURE:

### DATE:

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