



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.