



California State University, Chico

Credential Services-Tehama 213/209

Chico CA 95929-0480 (530) 898-6455

CREDENTIAL ON-LINE RECOMMENDATION INFORMATION SHEET

The following information is required in order to be recommended for your credential to the California Commission on Teacher Credentialing. Please use black ink and print clearly. You may hand deliver or mail the completed form to the Credential Analyst. (Address above)

Full Name (First, Middle, Last)

Social Security Number

Other names used (maiden/previous names)

Date of Birth

Permanent Credential Mailing Information: (Contact Student Records to update your information (530) 898-5143)

Street/P.O Box Address:

City State ZIP

Preferred Phone () _____ Work () _____

E-mail Address:

A current valid E-mail address is required for the on-line recommendation. The CCTC will notify you via E-mail when you have been recommended for your credential. (AOL is not accepted)

TYPE OF CREDENTIAL(S) YOU ARE APPLYING FOR: (PLEASE BE SPECIFIC)

SUPPLEMENTAL & SUBJECT MATTER AUTHORIZATIONS:

(List the supplementary &/ or Subject Matter authorization you would like to apply for) For information contact Credential Services or go to the CCTC web <http://www.ctc.ca.gov/help/supplement-SMA/default.html>

I received my bachelor's degree from: _____
College or University Date awarded

Colleges/universities I have attended: _____

You will receive an individualized review letter from the Credential Services Office which will list all items that are required to complete your file. If you have any question please contact our office. (530) 898-6455 gmaas@csuchico.edu

I authorize Credential Services to release information concerning my credential application to appropriate inquiring school districts and offices and to forward my credential recommendation and supporting materials to the California Commission on Teacher Credentialing for issuance of the credential I have requested.

Signature

Date