

California State University, Chico
 Chico, California 95929-0222
 Department of Education
 530-898-6421

**Application For Admission To
 LIBRARY MEDIA TEACHER SERVICES CREDENTIAL PROGRAM**

Ms _____ Date _____
 Mrs. _____
 Mr. _____ ID # _____
 First Middle/Maiden Last

Address: Street _____ City _____ State _____ Zip _____
 E-mail address: _____ Phone _____

Degrees Held	Institutions Attended	Date Granted

California Credential(s) held: _____

Date you expect to complete credential requirements: _____ 20 _____

Submit a photocopy of your credential(s) to the Department of Education Office

TEACHING and/or ADMINISTRATIVE EXPERIENCE (Exclusive of Student Teaching)

School	Grades or Subjects, etc.	From	To
_____	_____	19 _____	20 _____
Current School	Grades or Subjects, etc.		
Address _____	City _____	State _____	Zip _____
_____	_____	19 _____	20 _____
Previous School	Grades or Subjects, etc.		
Address _____	City _____	State _____	Zip _____
_____	_____	19 _____	20 _____
Previous School	Grades or Subjects, etc.		
Address _____	City _____	State _____	Zip _____

Applicant's Signature _____ **Date** _____

A \$50.00 application fee is required. Please make check payable to CSU, Chico and attach to this form.