



Date: \_\_\_\_\_ 20\_\_\_\_

**APPLICATION FOR ADMISSION  
PRELIMINARY ADMINISTRATIVE SERVICES CREDENTIAL • TIER I**

Ms \_\_\_\_\_  
Mrs. \_\_\_\_\_ SS# \_\_\_\_\_  
Mr. First Middle/Maiden Last

Home Address \_\_\_\_\_  
Street City State Zip Phone

Work Address \_\_\_\_\_  
School Phone

\_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Degrees Held	Institution	Date Granted
_____	_____	_____
_____	_____	_____

California Credential(s) Held: \_\_\_\_\_

Date you expect to complete requirements: \_\_\_\_\_ 20\_\_\_\_

**Materials required for a complete application file:**

- Completed Application Form
- \$50 Application Fee
- Photocopy of completed Graduate School Application
- Verification of at least three (3) years of teaching experience
- Professional Information Statement
  - Provide a brief review of your career in education.
  - Comment on the philosophy that guides you as an educator.
  - Describe the position you would like to be in five years from now and explain why.
  - Identify personal and professional traits that will assure your success as an administrator.
- Resume
- Photocopy of Teaching Credential
- CBEST Verification
- Administrator Recommendation Form (2)
- Teacher Recommendation Form (1)

Return application materials to: Department of Education  
Administrative Services Credential Coordinator  
CSU, Chico  
Chico, CA 95929-0222



**PRELIMINARY ADMINISTRATIVE SERVICES CREDENTIAL • TIER I  
Recommendation Form**

**To the applicant:** Check one and sign before leaving this form with an administrator or teacher who is familiar with your work. Note: Recommendation forms from *two* administrators and *one* classroom teacher are required.

- Yes, I hereby waive my rights to review the completed Recommendation Form.
- No, I do not waive my rights to review the completed Recommendation Form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**To the recommending administrator or teacher:** \_\_\_\_\_ is an applicant to the Administrative Services Credential Program. Please furnish the information requested below. Your cooperation is appreciated.

\* \* \* \* \*

1. Position held by the applicant during your association: \_\_\_\_\_  
\_\_\_\_\_

2. Years covered by your recommendation: from \_\_\_\_\_ to \_\_\_\_\_

3. What are the applicant's chief strengths as a teacher and as a potential administrator or supervisor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Rate the applicant on the following traits. (1 is low, 5 is high)

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Accepts responsibility   | 1 | 2 | 3 | 4 | 5 |
| b. Is self motivated  | 1 | 2 | 3 | 4 | 5 |
| c. Keeps records well and in good order                               | 1 | 2 | 3 | 4 | 5 |
| d. Is interested in the success of all children                       | 1 | 2 | 3 | 4 | 5 |
| e. Is involved in a community activities                              | 1 | 2 | 3 | 4 | 5 |
| f. Inspires other teachers to look to him/her for guidance and advice | 1 | 2 | 3 | 4 | 5 |

- g. Shows a clear understanding of the school's program 1 2 3 4 5
- h. Plans well and follows through on the implementation of his/her plans 1 2 3 4 5
- i. Has demonstrated leadership ability in developing the school's program 1 2 3 4 5
- j. Is an effective teacher 1 2 3 4 5
- k. Maintains good relationships in the workplace 1 2 3 4 5

5. Please comment on the potential the applicant has to be a good administrator.

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

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

Date \_\_\_\_\_ 20 \_\_\_\_\_

Please return this form to: Department of Education  
 Administrative Services Credential Coordinator  
 California State University, Chico  
 Chico, CA 95929-0222