

REQUEST FOR RECOMMENDATION (INTERNSHIP)

CSU, Chico, Credential Services, Tehama 209 530-898-6455

Student Id # _____

Phone Number _____

Your names **MUST** match at Chico State and the CTC if they don't your recommendation will be delayed.

First Name: _____

Maiden/Former Name: _____

Last Name: _____

*Email _____

*Verify the email used at the Commission on Teacher Credentialing (ctc.ca.gov) It is your responsibility the email is correct or you will not receive IMPORTANT notification (i.e. your recommendation for your teaching credential) from the CTC.

Type of INTERNSHIP Credential

- | | |
|--|---|
| <input type="checkbox"/> Multiple Subjects | <input type="checkbox"/> Single Subjects, list the subject: |
| <input type="checkbox"/> Mild/ Moderate TC3S <input type="checkbox"/> Add-on | <input type="checkbox"/> Mod/Severe <input type="checkbox"/> Add-on |
| <input type="checkbox"/> Pupil Personnel Services | <input type="checkbox"/> Administrative Services |

Marking boxes below, verifies you understand and agree.

I authorize the Credential Services at CSU, Chico to share my information pertaining to the my qualifications, status, and/or performance in the credential program with faculty in the School of Education, California State University, Chico personnel and personnel from other universities, and with school district, county office of education, or other employing agency personnel, including the Commission on Teacher Credentialing, as necessary. *I understand this form expires in one year and I will need to complete a new form.*

There is a \$25.00 processing fee to CSU, Chico for the internship credential. Please pay through the online payment services by visiting <https://commerce.cashnet.com/csuchicosoe>

Please use the SUBMIT button below to send this form. If the SUBMIT button does not work email credentials@csuchico.edu

Submit Document Button:

BELOW OFFICE USE ONLY

Internship Credential

Check/Receipt from Student Services \$ _____ COC 30 Day Sub Clear/ Level II PIP/STSP Preliminary

Other Basic Skills SMC EXAM COVID-19 EO N-66-20 (SB 820) NO Basic Skills NO SMC

Issue/Start Date Intern _____ End Date _____ Enrolled _____

RECOMMENDED TO CTC _____ ERST _____

Issue/Start Date Intern _____ End Date _____ Enrolled _____

Change of Restriction date mailed application _____ Check/Receipt from Student Services \$ _____

New Internship date mailed to CTC _____

Preliminary Credential

Finished Program _____ Issue Date of Credential _____ Reason _____

ELA1 BASP SMC EXAM

RECOMMENDED TO CTC _____ Paper App Mailed _____

ERST _____

RICA Passed _____

TPA Passed _____

CPR _____

COVID-19 N-66-20 (SB 820)

No RICA

No TPA