

## INFORMATION COVERSHEET

**INSTRUCTIONS:** All information below is REQUIRED. Do not skip any sections. Please **TYPE** or **PRINT** and submit this form with your Credential Application Packet. Provide current contact information, specifically a working email address (not SJSU), in case we need to communicate with you about your credential application.

**FULL NAME** \_\_\_\_\_  
FIRST      MIDDLE      LAST      RECEIPT# FOR \$25 FEE

**SS #** \_\_\_\_\_      **DATE OF BIRTH** \_\_\_\_\_  
MM/DD/YYYY

**SJSU ID #** \_\_\_\_\_      **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
STREET      CITY      STATE      ZIP

**EMAIL ADDRESS** \_\_\_\_\_

**I AM APPLYING FOR THE CREDENTIAL ENTERED BELOW:**

<b>CREDENTIAL TITLE</b>			
<b>TERM</b>			
<b>FOR SINGLE SUBJECT ONLY</b>			
<b>BILINGUAL AUTHORIZATION</b>			<input type="checkbox"/>

-----DO NOT WRITE BELOW THIS LINE-----

<b>CREDENTIAL CODE</b>		<b>CTC ONLINE</b>	
<b>ISSUE DATE</b>		<b>SEMESTER COMPLETED</b>	
<b>EXPIRATION DATE</b>		<b>DATE COMPLETED</b>	
<b>AUTHORIZATION(S)</b>		<b>1<sup>ST</sup> TIME APP</b>	
<b>SMC</b>		<b>INTERNSHIP @</b>	

**NOTES:**