



California State University
SAN MARCOS

COLLEGE OF EDUCATION,
HEALTH & HUMAN SERVICES

Supplementary Authorization (SA) or Subject Matter Authorization (SMA)

\$25.00 Credential Evaluation Fee

(Refer to Credential Evaluation Fee Payment Form for payment information)

INSTRUCTIONS: Form is fill-in enabled. Download copy to your own computer, open and complete form using computer's tab key to navigate from field to field.
If filling out by hand, please print.

SS#: _____ CSUSM Student ID#: _____ Date of Birth: _____

Name: _____ (_____)
Last First Middle Former/Maiden

Street address or P.O. Box _____ City _____ State _____ Zip _____

Home Ph.: _____ Cell Ph.: _____ Work Ph.: _____

A current email, address is required for the on-line recommendation. Please provide an alternate email address in case you do not have a university email at the time of credential recommendation. An email will be sent after grades are available and all requirements are verified.

Current email address*: _____

Alternate email address*: _____

Permanent/Credential Mailing Information:

Street address or P.O. Box _____ City _____ State _____ Zip _____

PLEASE SIGN, DATE AND RETURN COMPLETED APPLICATION TO:

CEHHS Student Services
Teacher Credentialing - UNIV 221
CSU San Marcos
San Marcos, CA 92096-0001

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

Signature: _____ Date: _____

I hold the following credentials and/or authorizations:

CREDENTIAL TYPE (check all that apply):

Preliminary or Clear Multiple Subject (SB 2042, Ryan, Standard)

Preliminary or clear Single Subject (SB 2042, Ryan, Standard): Subject area(s):

I am requesting an evaluation for the following authorizations:

(Please complete worksheet for each SA or SMA requested. Additional information and worksheets are located at <http://www.csusm.edu/cehhs/studentservices/graduate/sasmaworkshops.html>)

Subject Matter Authorization (SMA):

Introductory: _____ Specific: _____

Supplementary Authorization (SA)

Introductory: _____ Specific: _____

Please list all colleges and universities attended:

Non-CSUSM students must provide official transcripts from all colleges and universities attended

Institutions Attended	Dates Attended	Transcripts
		<input type="checkbox"/> Attached <input type="checkbox"/> Requested
		<input type="checkbox"/> Attached <input type="checkbox"/> Requested
		<input type="checkbox"/> Attached <input type="checkbox"/> Requested
		<input type="checkbox"/> Attached <input type="checkbox"/> Requested
		<input type="checkbox"/> Attached <input type="checkbox"/> Requested
		<input type="checkbox"/> Attached <input type="checkbox"/> Requested
		<input type="checkbox"/> Attached <input type="checkbox"/> Requested