**Print neatly and clearly.**

2/6/07

SAN FRANCISCO STATE UNIVERSITY / COLLEGE OF EDUCATION
**PROGRAMS IN SPECIAL EDUCATION & COMMUNICATIVE DISORDERS**

# CREDENTIAL APPROVED PROGRAM – Level I & CRS

Name _____ Date _____
Address _____ SFSU ID #: _____
_____ Credential Objective: ☐ Education Specialist
_____ ***or*** ☐ Clinical Rehabilitative Services
E-Mail: _____ Emphasis: _____
Telephone [H] (_____)_____/ [W] (_____)_____
Date of B.A./B.S. _____ from _____ College/University
Proposed date of completion [month/year] _____ SFSU Bulletin for the year _____

| Course Prefix & Number | Course Title | Units | Grade | Term Registered | Institution Other than SFSU |
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_____ Total Postgraduate Units

Program Advisor _____ _____ _____
Print Last Name Signature Date

**Submit with Student Teaching Application to BH 156.**