REQUEST FOR CREDENTIAL ADD OR CHANGE ONLY
(Credential and Graduate Continuing Student Use Only)

Name _____   Student ID No. _____
          Last   First

E-Mail: _____
              Number and Street

 - Make sure to update your Mailing address on your Student Center. For instructions, please visit: https://cms.sfsu.edu/content/student-center#diploma %20name

Current SFSU Post-Baccalaureate Cumulative GPA: _____   **Attach unofficial SFSU transcript**: https://www.sfsu.edu/online/login.htm

I do not plan on completing my current credential program and acknowledge that I must reapply to the university and credential program to complete the original admitted credential program. If you want to add a Master's Degree to your Credential, you must formally apply to the University and complete any departmental requirements.

I understand these restrictions. SIGNATURE: _____ Date: _____

DEPARTMENT Recommendation:
CURRENT Credential/Master's Program:

 Name of Credential _____ 3 Digit Credential Code _____ Major/Plan Code _____

NEW or ADDED Credential Program:

Name of NEW Credential _____ 3 Digit Credential Code _____ Major/Plan Code _____

EFFECTIVE Date: _____

☐ ACCEPTED to NEW CREDENTIAL program   ☐ DENIED

CREDENTIAL STATUS:

☐ 4 –Holds preliminary or level I teaching credential and enrolled to complete professional clear or level II credential requirements.

☐ 5 – Admitted and enrolled in a credential program.

☐ 6 – Admitted to more than one credential program.

☐ 8 – Admitted and enrolled in internship.

☐ V – Holds valid 1st credential, admitted to 2nd credential program.

Include in ERSS Report: ☐Yes ☐No

Additional Subpanel Data: _____

SIGNATURE: _____   _____   _____
              Department Chair (or Designee)   Type or Print Last Name   Email

Reviewed and approved by Credential Office BH 244: (Single, Multiple subjects, Special Education + Communicative Disorder only)

SIGNATURE: _____   _____   _____
              Credential Admissions Specialist   Type or Print Last Name   Email

Department MUST submit to Division of Graduate Studies - ADM 250

Division of GRADUATE STUDIES:

SFSU Cumulative GPA: _____ Continuing Student: ☐ No ☐ Yes Admin/Finan HOLDS: ☐ No ☐ Yes

Comments: _____

ACTION RECORDED: ☐ Entered in CS and Grad Database   ☐ Denied

Signature: _____   Date: _____
              Dean or Graduate Studies Designee