CREDENTIAL REQUEST INSTRUCTIONS

Please submit the following:

- Credential Request Form - the form should contain an original signature. **Do not copy nor fax the form!**
- Copy of credential fee payment, see **fee payment instructions** on page 2.
- Items, **not previously submitted**, in the list below.

**INTERNERSHIP**

- CBEST
- Certificate of Clearance
- Subject Matter - CSET Exams (not required for PPS or Admin. Credentials)
- U.S. Constitution - completed via coursework or exam (not required for PPS or Admin. Credentials)
- Offer of employment - **on official letterhead indicating type of position and effective start date, signed by authorized personnel at employing agency.** A copy of the contract is not acceptable. Please note; the potential employer must be an internship partner with the SDSU School of Education and have a valid collaborative intern agreement on file with SDSU College of Education.
- Intern Support Provider Verification Form — to be completed by the employing agency (http://go.sdsu.edu/education/oss/forms.aspx)
- Verification of admission into Internship Program
  - Memo from Educational Leadership Department for an Administrative Services Intern Credential
  - Memo from Policy Studies in Language and Cross-cultural Education Department for a Bilingual Multiple or Single Subject Intern Credential
  - Memo from School of Teacher Education for a Multiple or Single Subject Intern Credential
  - Memo from Special Education Department for an Education Specialist Intern Credential
  - Memo from Counseling and School Psychology Department for a School Counseling Intern Credential
  - Copy of **Program Recommendation for Credentials in School Psychology** form signed by program advisor for School Psychology Intern Credential
FEES PAYMENT INSTRUCTIONS

The College of Education charges a $25.00 non-refundable fee for evaluation services. The following payment methods are available. Payments are not accepted at the Office of Student Services, EBA-259.

**Online Payment:**

- Go to the Student Account Services website at [http://bfa.sdsu.edu/fm/co/sfs/](http://bfa.sdsu.edu/fm/co/sfs/)
- Select Online Student Account Services and login to your account using your WebPortal login information
- Select Make Payment (at the top menu bar)
- Select College of Education Fees Menu and then select the preliminary teacher evaluation fee and Add to Basket to proceed
- Select your method of payment from the options (the Cashiers Office accepts electronic checks and credit cards) and then select Continue Checkout
- Complete the online payment and submit a copy of the receipt (or email verification) with your Credential Request Form

**Payment in Person:**

- If you are paying in person, fill out the bottom portion of this page and take it to the University Cashiers Office located in the Student Services West (SSW) building, room 2536.
- Submit this page, with Cashiers Office stamp, as proof of payment with your Credential Request Form.

**Credential Request Fee Payment**

CRED 12021

**Payments should be made payable to San Diego State University. The Cashiers Office accepts cash, checks, and debit cards.**

Student Name:________________________________________ (Official name on record with the University)

Student RED ID Number:________________________________

Phone Number:________________________________________

Date:__________________________________________________
CREDENTIAL REQUEST FORM

Full Legal Name & Mailing Address as it Appears on Your SDSU Transcript (Please Print Clearly)

First Name ___________________________________________ Middle Name ___________________________________________ Last Name ___________________________________________

Mailing Address __________________________________________

City __________________________________________ State __________________________________________ Zip Code __________________________________________

RED ID #: __________________________________________ Email Address: __________________________________________

Social Security #: __________________________________________ Primary Phone #: (_____ ) ________ - ___________

Date of Birth: _____ / _____ / ______ Secondary Phone #: (_____ ) ________ - ___________

Please check (✓) the appropriate box(es) in each applicable column.

I am Applying for: __________________________________________

Type of Credential: __________________________________________

Restriction Change Only: __________________________________________

New Employing Agency: __________________________________________

COMMENTS: __________________________________________

Subject(s): __________________________________________

Administrative Service __________________________________________

Education Specialist __________________________________________

Early Childhood __________________________________________

Mild/Moderate __________________________________________

Moderate/Severe __________________________________________

Pupil Personnel Services __________________________________________

School Counseling __________________________________________

School Psychology __________________________________________

Student Signature: __________________________________________

OFFICE USE ONLY: __________________________________________