Credential Services Office

Education #4102
Santa Barbara, CA 93106-9490
Phone: (805) 893-2036

PPS Credential Application Request Form

Please bring this credential application and an official (sealed) UCSB Transcript to GGSE Credential Services Office Education #4102 or to the Credential Application Workshop**.** Credentials are awarded at the conclusion of the academic quarter and after the spring grades are cleared. Please type or print clearly.

Name:

_____

Last First Middle

(This is your legal name that will be on your credential.)

Permanent Address: _____

Number and Street

_____

City State Zip

Home Phone _____Cell Phone: _____

Email Address: _____

(Important: The California Commission will use this email address to correspond with you.)

Birth date: _____/_____/_____ Social Security Number: _____

Please circle your credential program option:

School Psychology Credential_____

Name of Internship School:_____

Beginning Date of Internship: _____

Credential Application Fee: $ 29.50 or $57.00

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Please read and sign the following and return it with your official UCSB transcript.

I authorize the UCSB Credential Services Office to submit my transcript(s) to the California Commission on Teacher Credentialing if required for my credential application. I understand the information on this application will be provided by UCSB as requested by the California Commission for the on-line credential recommendation.

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Signed Date Submitted