

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

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SANTA CRUZ



SANTA BARBARA •

Credential Services Office

Gevirtz Graduate School of Education
Education Building – Room #4102
(805) 893-2036 FAX: (805) 893-2588

PUPIL PERSONNEL SERVICES CLEAR CREDENTIAL APPLICATION FORM

Please complete the enclosed application for the recommendation of your Pupil Personnel Services Credential and return it to the Credential Services Office in Education #4102 with an **official UCSB Transcript**. The California Commission on Teacher Credentialing requires the information on this application for the recommendation of the credential. Please print clearly or type all information so that it is legible. The form includes three areas of information: Educator Information, Education and Permission to Recommend for the Credential.

I. EDUCATOR INFORMATION:

Your Legal Name as you would like it to appear on your Teaching Credential:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name or Initial</i>
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<i>Social Security Number</i>	<i>Date of Birth</i>
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E-mail address (This address will be provided to the Commission)

Do you currently have a California Credential? Yes No If yes what type of credential _____

II. PERMISSION TO RECOMMEND FOR THE CREDENTIAL:

Please read and sign the following and return this application with your official UCSB transcript by **June 1, 2015**

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

Student's Signature

Date Submitted