

Sonoma State University, School of Education Application for Admissions toward the Bilingual Added Authorization

(For candidates who already hold either a Multiple Subject, Single Subject or Special Education credential)

Last Name	First Name	r	Middle I	nitial
Prior Name(s) (including maiden name)	Date	of Birth _	/	J
Address	_ City	_State	Zip	
Personal Email	SSU Email			
Cell Phone () SSU ID				
Current Credential Held (please attach a cop	py)			
Current Teaching Position:				
Signature	Date			
Please email this form to: credentials.office@sonoma.edu				
For Advisor's Use Only:				
Admit for Semester Year				
Comments:				
PATHWAY OPTIONS: Undergraduate/Integrated Teacher Ed EDMS 465CALS 445CALS Credential PLUS BILINGUAL Authorization SPAN 300 OR 300HSPAN 301 EDMS 465SPAN 427 OR (CSET WoCALS 219CALS445 OR CALS 456 C	SPAN 304 ORSPAN 427 OR (CS			1
Post BaccalaureateEDMS 465CALS 456SPAN 4	27			
Approved by	Signature		Date	
Copies to: Candidate Credential Office				