Sonoma State University
School of Education
Educational Specialist Credential Programs

Application for Admissions toward an Added Authorization
 in Early Childhood Special Education

(For candidates who already hold either an M/M or M/S credential only)

Please type or print clearly with ballpoint pen.

**\*Student’s name:**

Last Name

First Name

Middle Name

Maiden/Former Name(s)

**SSN:**

xxx-xx-xxxx

**SSU ID#:**

xxxxxxxxxx**\*Phone:**

Home Phone (xxx)xxx-xxxx

Cell Phone (xxx)xxx-xxxx**\*E-mail Address:**

E-mail address

**Mailing Address:**

Street

City

State

zip

**Today’s Date:** Month/Date/Year

**Current Credential Held (please attach a copy):** Current credential held

**Current Teaching Position:** Current teaching position

**Statement of ability to participate in 30-40 hours of participant observation in setting with children ages birth to five. :**

Statement of ability to participate

**For Advisor’s use only:**

**Admit for:**

**Semester**

**Year**

**Comments:**

**Approved by:**

**Print name**

**Signature**

**Date**

**Copies to:** [ ]  **Chair, ELSE** [ ]  **Candidate** [ ]  **Credential Office**

**Department of Educational Leadership & Special Education, School of Education, Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, California 94928**