

Bay Area Teachers Center and San Francisco State University Single Subject Credential Program Application

Name: _____ Date: _____
(last) (first) (middle)

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Credential Site: _____ Lick-Wilmerding High School _____ Burk Hall College of Education
755 Ocean Ave. San Francisco State University
San Francisco, CA 94112 1600 Holloway Ave
SF CA 94132

Gender: _____ Female _____ Male Ethnicity*: _____

Subject Area: _____ Semester of Application: Fall/Winter _____
/Spring/Summer

*Please use the following Ethnicity Codes. Your response is voluntary and will not affect your admission .

- | | | |
|---|---------------------------|----------------------------|
| 1 – American Indian or Alaskan Native | J – Japanese | G – Guamanian |
| 2 – Black, non-Hispanic, incl. African American | K – Korean | H – Hawaiian |
| 3 – Mexican-American, Mexican, Chicano | R – Asian Indian | N – Samoan |
| A – Central American | S – Other Asian | 6 – Other Pacific Islander |
| B – South American | M – Cambodian | 7 – White |
| Q – Cuban | L – Laotian | F – Filipino |
| P – Puerto Rican | V – Vietnamese | 8 – Other |
| 4 – Other Latino, Spanish-origin, Hispanic | T – Thai | 9 – No response |
| C – Chinese | S – Other Southeast Asian | D – Decline to state |

Employing School: _____

School Street Address: _____

School City/State/Zip: _____

School Phone: _____

If you are not employed at this time, please state your plans for the next academic year:

Name: _____
(last) (first) (middle)

Who will be providing your letters of recommendation:

1. _____ 2. _____ 3. _____

List ALL Colleges and Universities attended:

<u>Name of College/University</u>	<u>Location of College/University</u>	<u>Dates of Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Degree Information:

Degree Level (Bachelor's, Master's, etc.)	Academic Major(s)	Institution granting degree	Date granted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Foreign Language(s): _____

School studied (include high school): _____

Number of years studied: _____

Signature: _____ Date: _____