

**Sonoma State University, School of Education
Education 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 or an MMSN or ESN Credential)

Last Name _____ First Name _____ Middle Name _____

Prior Name(s) (including maiden name) _____ Date of Birth ____/____/____

Address _____ City _____ State ____ Zip _____

Personal Email _____ SSU Email _____

Cell Phone () _____ - _____ SSU ID _____

Current Credential Held (please attach a copy) _____

Current Teaching Position: _____

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

Signature _____

Date _____

Please email this form to: credentials.office@sonoma.edu

For Advisor's Use Only:

Admit for Semester _____ Year _____

Comments:

Approved by _____ Signature _____ Date _____

Print Name

Copies to:

____Candidate

____Credential Office

____Chair

____ELSE