

**Appendix 12**

CALIFORNIA STATE UNIVERSITY, FRESNO Application for: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ 20\_\_\_\_\_  
 KREMEN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
 GRADUATE PROGRAMS

**KSOEHD Application**  
**THE CLEAR ADMINISTRATIVE SERVICES CREDENTIAL Program**

**NAME:** (Mr.) (Ms.) \_\_\_\_\_  
 Last First Middle

**ADDRESS:** \_\_\_\_\_  
 Number & Street City State Zip

**E-MAIL:** \_\_\_\_\_

**TELEPHONE:** Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_ **GENDER:** F \_\_\_\_\_ M \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**CITIZENSHIP:** \_\_\_\_\_ United States Citizen **ETHNIC GROUP:** \_\_\_\_\_

_____	American Indian/Alaskan	_____	Black Non-Hispanic
_____	Non-U.S., Immigrant "green card"	_____	Chicano, Mexican-American
_____	Non-U.S., F visa (student)	_____	Asian
_____	Non-U.S., other visa	_____	Pacific Islanders
_____	Non-U.S., undermined status	_____	White Non-Hispanic
_____	Refugee	_____	Decline to state
_____	Filipino	_____	

**EDUCATIONAL BACKGROUND (Colleges Attended):**

College _____	Date _____
Completed _____	Major/Degree _____
Undergraduate _____	
Master Degree _____	

**CSUF STATUS:**

Admitted/ currently enrolled at CSUF Yes No

Applied to CSUF semester/year \_\_\_\_\_

Program Through Extended Education Yes No

To complete your application, **attach a copy of your Preliminary Administrative Services Credential** and submit it with this application to room ED 151.

**OFFICE USE ONLY**

**FACULTY REVIEW:**

Ⓐ Approved                      Ⓐ Denied

Ⓐ Verification of Administrative Position

Conditional \_\_\_\_\_

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**Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

Ⓐ Classified standing granted

Semester \_\_\_\_\_

Ⓐ Credential Authorization Program completion

Date \_\_\_\_\_

Ⓐ Credential Granted \_\_\_\_\_