

CDDS Department Application for Clear DHH Credential Program

Department of Communicative Disorders and Deaf Studies

California State University, Fresno

Fresno, CA 93740-8019

(559) 278-5187 (FAX)

(559) 278-2423(VOICE) , (559) 478-2788, (866) 957-9016 (VP)

NAME _____ DATE _____

STUDENT ID # _____

ADDRESS _____

MAILINGADDRESS (If different) _____

TELEPHONE: HOME: () _____ FAX: () _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

SUPERVISOR: _____

ADDRESS _____

TELEPHONE: WORK: () _____ FAX: () _____

YEARS OF EMPLOYMENT IN A SCHOOL DISTRICT AFTER COMPLETING

LEVEL I CREDENTIAL - _____

I have completed the following: Date Granted

Level I D/HH Credential _____

MA Degree _____

Multiple Subjects Credential _____

Other CA Credential _____

DO NOT WRITE BELOW THIS LINE

Received: Dept. Application _____

Final Recommendation after review by faculty: Accepted _____ Denied _____

Graduate Program Coordinator: _____