

Semester: _____

Cohort (if any): _____

KSOEHD APPLICATION TO PROGRAM

You are applying to the: Transitional Kindergarten Certificate Program (TK)

(Please type below)

Last Name	First Name	Middle Initial	Gender	Fresno State Student ID	Social Security
Address		City	State	Zip Code	Date of Birth
Home Phone	Cell Phone	Work Phone	Primary Email Address	Former Name	

EDUCATIONAL BACKGROUND

Undergraduate Degree	Major	Institution	Term and Year Graduated
Graduate Degree	Major	Institution	Term and Year Graduated
Current California Credential- Type of Credential	Institution	Date Expires	

STUDENTS DO NOT TYPE OR WRITE BELOW THIS LINE

Circle one: Mail In Person Staff Initials and Date: _____

1. Proof of Advising
2. GPA: UGRD Cumulative _____ Last 60 _____
PBAC Cumulative _____ FRESNO STATE PBAC _____
3. Statement of Purpose
4. Letter of Recommendation: 1)
5. Valid Teaching Credential

Faculty Review

Credential/ Certificate Program: Admit Deny

Reasons Denial: _____

Coordinator _____

Reconsider: Admit Deny

Coordinator _____

STATEMENT OF PURPOSE

You are applying to the: Transitional Kindergarten Certificate Program (TK)

Last Name

First Name

Middle Initial

In the space provided below or an attached page, provide relevant information about yourself including goals, objectives, and experiences related to the Transitional Kindergarten Certificate program. Please focus primarily on your short-term and long-term professional goals. You may attach additional pages. (1-2 pages max.)

LETTER OF RECOMMENDATION

You are applying to the: Transitional Kindergarten Certificate Program (TK)

Last Name _____

First Name _____

Middle Initial _____

Please submit with application packet. Do not send separately.

To the Applicant: Complete the information requested above and give to the person(s) providing the reference(s). Please note that, generally, confidential recommendations often provide more useful information. **In accordance with the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and the related policies and regulations, it is also understood that upon request, this letter will not be made available to the applicant (or candidate) for examination.** If you agree, you may sign the waiver below. The decision is up to you.

I waive the rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature _____

Date _____

THIS PART TO BE COMPLETED BY THE EVALUATOR

The Kremen School of Education and Human Development would appreciate a letter attached and completion of this form from you evaluating the person named above for enrollment in and successful completion of the Transitional Kindergarten Certificate program. **Provide the applicant with this form and the letter of recommendation in a sealed envelope and with a signature across the seal.**

Please rate the applicant with other individuals seeking comparable experiences.

	Superior	Above	Average	Below
Intellectual Ability				
Imagination and Creativity				
Interest and Enthusiasm				
Ability to Communicate				
Stability				

If you alone were making the decision as to whether or not the applicant should be accepted, which of the following would you do?

- Seek out- Will be a truly outstanding student and professional
- Definitely Accept- Will complete the indicated program at a superior level
- Accept- Should complete the indicated program at a satisfactory level.
- Accept- Accept, but with reservation concerning ability or motivation (Please explain.)
- Do not accept. (Please explain. The reverse side of this form can be used or reference it in your attached letter.)

Signed _____ Date _____ Position _____

Address _____

This letter of recommendation is to be included with other application materials that are to be submitted in one complete packet required for admission to an advanced credential and/or Master degree program.

CONGRATULATIONS! NOW YOU ARE READY TO:

1. Print the program application and attached form(s)
2. Include the additional documentation including the Program application required and submit it in the order below- (*Do not send anything in separately*)

Use this checklist for your reference:

- _Proof of Advising
- _Must have Fresno State ID or proof of registration through CGE
- _Unofficial Transcripts
- _Statement of Purpose
- _Letter of Recommendation
- _Copy of valid California Teaching Credential

3. Keep a copy of all documents submitted, for your records. We will not give you copies of your application or any documents once they are submitted to ED 100.
4. Bring the completed application and additional documents to the Education Student Services Center, ED 100 prior to the application deadline date or mail to:

Kremen School of Education and Human Development
Attn: Graduate Technician
5005 North Maple Ave. M/S 701
Fresno, CA. 93740-8025

We do not give out status regarding your application in person or on the phone. You must wait for the admission decision email from Program.