
California Commission on Teacher Credentialing

PARAPROFESSIONAL EXPANSION

APPLICATION

GENERAL

Name _____ E-mail _____

Address _____ DOB ____/____/____

City, State, Zip _____

Home Phone _____ Work Phone _____

School Site _____ School District _____

Place of employment _____ Hours Per Week _____

Years on job _____ Social Security Number _____

Position title _____

If not currently employed, for what district would you prefer to work? _____

Are you currently receiving financial aide? Yes _____ No _____

Type of Credential desired: Bilingual _____ Special Ed. _____ K-3 _____ Other _____

EDUCATIONAL BACKGROUND

Number of college units previously obtained: Quarter _____ Semester _____ GPA _____

Did you complete a degree? Yes _____ No _____ If yes: AA _____ or BA _____ Major _____

If currently enrolled, where are you attending? _____

Have you passed the CBEST? Yes _____ No _____ Sections Passed _____

What language other than English do you speak? _____

PLEASE ATTACH:

1. An unofficial copy of your college transcripts.
2. A letter of recommendation from your Principal.
3. A letter of recommendation from a teacher at your school.

PLEASE MAIL COMPLETED
APPLICATION TO:

ANNE MURPHY
California State University, Fresno
5005 North Maple Ave. M/S ED201
Fresno, CA 93740-8025

OR DELIVER TO:

Kremen School of Education and Human Development
Corner of Maple & Shaw Avenues, Room 335
Phone: (559) 278-0256
Fax: (559) 278-0142