



MICHAEL D. EISNER
COLLEGE OF EDUCATION

Credential Office (818) 677-2733

INTERN CREDENTIAL REQUEST FORM

Please type your **Full Legal Name** as it will appear on your credential. Do not fax or email this form.

Name: _____ CSUN ID#: _____
 First Middle Last

Former/Maiden Name: _____ E-Mail Address: _____

Phone (____) _____

Credential Applying For:

Please check (✓) the appropriate box.

Multiple Subject **Single Subject:** _____

Subject Area

Education Specialist: MM MS EC DHH

Pupil Personnel Services: School Psychology School Counseling

Terms and Conditions

I understand that this university internship credential will only remain valid while I am enrolled in the credential program coursework appropriate for the intern credential, maintain employment at the designated district, and remain in good standing with the program and university.

I understand that I must apply and submit payment for my intern credential, on the CTC website, within five business days of receiving my CTC recommendation email.

I authorize the Credential Office at Cal State, Northridge to release information regarding the issuance or cancelation of my credential to school districts and/or county offices of education for the purpose of my employment.

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ Mail Counter Staff Initials: _____