



REQUEST FOR STATUS LETTERS

Please complete this form and submit it to the counter at the Credential Office. The status letter will be mailed directly to you.

Name: _____ CSUN ID: _____

Address: _____

Home Phone #: _____ Work or Cell Phone #: _____

Email Address: _____

I am requesting one of the following:

Status letter to appeal for an extension of a Preliminary Credential.
(Must explain the reasons for requesting an appeal in space provided below)

Other: _____

Status letters to appeal to the CTC for additional time to convert a Preliminary Education Specialist credential to a Clear Credential requires a **Clear Education Specialist Credential Program Plan** signed by a Special Education Advisor. Attach supporting materials verifying completion of program requirements which are not already on file such as transcripts of completed coursework, test scores, CPR, Program Plans, RN License, etc).

Please list the reasons for the above request:

For Office Use Only

Received by: _____

Date/Initial