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 jobSo	cial 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	ed: Quarter GPA
Did you complete a degree? Yes 1	No If yes: AA or BA Major
If currently enrolled, where are you attended	ing?
Have you passed the CBEST? Yes	
What language other than English do you s	speak?
PLEASE ATTACH:	 An unofficial copy of your college transcripts. A letter of recommendation from your Principal. 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