CSUN | MICHAEL D. EISNER COLLEGE OF EDUCATION

A/R 602 PROGRAM SPONSOR-VARIABLE TERM WAIVER COURSE ENROLLMENT REQUEST FORM

Candidate: This form must be signed by a Credential Advisor in the Credential Office prior to requesting enrollment through Graduate Studies.

Candidate Name: _____ CSUN ID Number: _____

Phone: _____ Email: _____

Credential Program Completing:
- ☐ Preliminary Multiple Subject
- ☐ Preliminary Single Subject
- ☐ Preliminary Education Specialist
- ☐ Dual Single Subject/Education Specialist
- ☐ Clear Pupil Personnel Services

Semester and Year in which I am requesting enrollment in A/R 602 _____

- I attest that I have fulfilled all course requirements for the Credential Program listed above but that I am still working on the state-required exams and/or assessments. I understand that registration in A/R 602 will meet the PS-VTW requirement for maintaining continuous enrollment.
- I understand that enrollment in A/R 602 will not provide access to any student or instructional services other than library privileges and minimal advisement.
- I understand that this enrollment request must be renewed each semester that the PS-VTW is valid.

Candidate Signature: _____ Date: _____

To be completed by the Credential Office

At this time, the candidate is eligible for a Program Sponsor-Variable Term Waiver (PS-VTW).
The candidate is missing the following requirements (check all that apply).

- ☐ Basic Skills (CBEST)
- ☐ Subject Matter (CSET) (not required for services credential)
- ☐ edTPA (not required for services credential)
- ☐ RICA (not required for services credential)
- ☐ Other: _____

_____

Credential Analyst Name Signature Date