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COLLEGE OF EDUCATION

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INTERN CREDENTIAL REQUEST FORM

Please type your **Full Legal Name** as it will appear on your credential.

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:** _____

Education Specialist: MM MS MMSN ESN 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: _____