



MICHAEL D. EISNER
COLLEGE OF EDUCATION

Credential Office (818) 677-2733
credprep@csun.edu

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: 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.

After the University recommends to the Commission on Teacher Credentialing that a candidate be issued their Intern Credential, the CTC emails the candidate a request to pay for their credential. If the candidate fails to pay for their Intern Credential within 90 days of the recommendation date, the CTC will cancel the recommendation. The candidate would not be issued the Intern Credential, and would have to start the process from the beginning, including obtaining a new Authorization for Employment from their employer.

I understand that it is strongly advised that I complete 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: _____