

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
APE SPECIALIST CREDENTIAL PROGRAM**

ADMISSION APPLICATION

COMPLETE ALL SECTIONS BELOW UNLESS OTHERWISE INDICATED. PLEASE TYPE OR PRINT CLEARLY.

Personal Information.

_____ (last name)

_____ (first name)

_____ (campus ID number if available)

_____ (street)

_____ (city)

_____ (state)

_____ (zip)

(____) _____

(home telephone)

(____) _____

(work telephone)

_____ (email address)

_____ (birth date)

Male: _____ Female: _____

Asian or Pacific Islander: _____ African American: _____ Hispanic: _____ White: _____

Native American: _____ Multi-ethnic: _____ Other: _____ decline to state: _____

List all colleges, community colleges, and universities attended.

Institution

Dates of Attendance

Degree

Major

Overall gpa: _____

Previous and Current Teaching Experience.

Indicate grade level, district, school, duration, subject, public or private school, etc.

California Teaching Credential.

Please check all that apply.

___ Single Subject Clear in Physical Education

___ Multiple Subject

___ Other (Explain) _____

Emergency Permit.

Are you currently teaching APE on an emergency permit? Yes _____ No _____

If yes: District: _____

School: _____

NOTE: Include course transcripts that apply to this application.

APPLICANTS: DO NOT WRITE IN THIS BOX

Department Recommendation:

Admit: _____ Exceptional Admit: _____ Provisional Admit: _____ Deny Admission: _____
(with low grade point average)

Reason(s) for Provisional Admit or Deny Admission:

APE Specialist Credential Advisor's Signature

Date