

**CSULB – College of Education
Department of Educational Psychology,
Administration, and Counseling**

*Professional Administrative Services
Credential Program Application*

NAME: _____ SOC. SEC. or STUDENT ID#: _____ DATE: _____
RESIDENCE ADDRESS: _____ CITY _____ ZIP _____
EMAIL _____ PHONE: _____
PRESENT POSITION _____ NO. OF YRS. _____
SCHOOL: _____ DISTRICT _____
SCHOOL PHONE: _____ CREDENTIALS HELD: _____

PLEASE INCLUDE ALL OF THE FOLLOWING WITH THIS APPLICATION:

- _____ 1. Resume
- _____ 2. A personal narrative describing your philosophy of leadership and academic and professional goals for yourself in this program
- _____ 3. Copy of your valid Preliminary Administrative Services Credential
- _____ 4. Evidence of current employment as an administrator
- _____ 5. Provide evidence of mentor's commitment to work with the candidate for the duration of the program:
- _____ 6. Arrange a meeting with program coordinator (turn in all of the above at that time), or arrange a phone conversation (application submission guidelines will be discussed at that time).

CANDIDATE'S SIGNATURE: _____

OFFICE USE ONLY:

RECOMMENDED FOR ADMISSION

NOT RECOMMENDED FOR ADMISSION UNTIL THE FOLLOWING REQUIREMENTS ARE MET:

PROGRAM COORDINATOR'S SIGNATURE: _____ DATE: _____