

**CALIFORNIA STATE UNIVERSITY, LONG BEACH**  
**SINGLE SUBJECT CREDENTIAL PROGRAM**

Phone: (562) 985-5325

Teacher Preparation Advising Center  
ED1-67

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**SINGLE SUBJECT CREDENTIAL PROGRAM PETITION**

Student Name: \_\_\_\_\_ Subject Area: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Campus ID #: \_\_\_\_\_

Below, please describe the reason for your petition in one or two sentences. On an additional page, present your situation and reason for your request in full. Attach supporting documentation.

**SUBJECT AREA ADVISOR RECOMMENDATION:**

Grant  Deny  No Recommendation

Comments:

Subject Area Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PETITION COMMITTEE DECISION:**

Grant  Deny  Delay

Comments:

University Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_