



UNIVERSITY OF SAN FRANCISCO SCHOOL OF EDUCATION

# Application for Admission

To expedite handling of your application, please submit this form as early as possible in your application process.

## Program Information

Please refer to the Graduate Programs and Codes sheet located on the back cover to indicate the program to which you are applying.

Degree Level:  Credential  Master's/Master's with Credential  Doctoral Program: Int'l Leadership Certificate

Program Code: OTL Concentration Code: \_\_\_\_\_ (IF APPLICABLE) Credential Code: \_\_\_\_\_ (IF APPLICABLE)

Term:  Fall  Spring  Summer Year: 2021

Campus Location:  San Francisco  San Jose  Sacramento  San Ramon  Santa Rosa

Group ID Number: 215-MY-OLC  
1504C  
NOTE: GROUP ID IS ONLY REQUIRED FOR REGIONAL CAMPUS APPLICANTS. OBTAIN FROM YOUR REGIONAL CAMPUS COORDINATOR

## Personal Information

Legal Name \_\_\_\_\_  
LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE/ADDITIONAL NAME

Other names which may appear on supporting documents (PASSPORT, TRANSCRIPTS, ETC.) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female  
MONTH DAY YEAR

U.S. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Current Mailing Address

STREET ADDRESS \_\_\_\_\_

Effective Until: \_\_\_\_\_ CITY STATE ZIP OR POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

PREFERRED PHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PLEASE PROVIDE AN EMAIL ADDRESS YOU CHECK FREQUENTLY.

### Permanent Home Address

(if different from above)

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP OR POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

### Work Address

(if applicable)

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP OR POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_



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Program Code: \_\_\_\_\_ Concentration Code: \_\_\_\_\_ Credential Code: \_\_\_\_\_  
(IF APPLICABLE) (IF APPLICABLE)

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female  
MONTH DAY YEAR

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STREET ADDRESS \_\_\_\_\_

Effective Until: \_\_\_\_\_ CITY STATE ZIP OR POSTAL CODE

COUNTRY \_\_\_\_\_

PREFERRED PHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE PROVIDE AN EMAIL ADDRESS YOU CHECK FREQUENTLY.

## Permanent Home Address

(if different from above)

PLEASE NOTE: If your present mailing address is at a school or university where you cannot be reached during the summer months, please provide a permanent address.

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP OR POSTAL CODE

COUNTRY \_\_\_\_\_

## Work Address

(if applicable)

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP OR POSTAL CODE

COUNTRY \_\_\_\_\_

## Additional Personal Information

Job Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

Have you previously enrolled in the School of Education?  No  Yes If yes, when? \_\_\_\_\_

Are you currently enrolled as a special status student?  No  Yes

## Academic Background

List chronologically all universities and colleges previously attended. List most recent first:

CEEB CODE <i>Admission use only</i>	INSTITUTION NAME	LOCATION	DATES OF ATTENDANCE	DEGREE RECEIVED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BA/BS or MA/MS GPA: \_\_\_\_\_

## Optional Statistical Information

### Religious affiliation (Optional):

- BUDDHIST
- HINDU
- JEWISH
- MUSLIM
- PROTESTANT
- CATHOLIC
- NO RELIGION
- OTHER

### Ethnic background (Optional):

Please indicate whether you consider yourself to be Hispanic/Latino:

- NOT HISPANIC OR LATINO
- HISPANIC OR LATINO
  - CUBAN
  - MEXICAN
  - PUERTO RICAN
  - SOUTH AMERICAN
  - CENTRAL AMERICAN
  - OTHER SPANISH ORIGIN:

PREFER NOT TO DISCLOSE

### Racial background (Optional):

In addition, select one or more of the following categories to describe yourself:

- NATIVE AMERICAN OR ALASKA NATIVE
- ASIAN
  - CHINESE
  - FILIPINO
  - JAPANESE
  - KOREAN
  - SOUTHEAST ASIAN
  - INDIAN
  - PAKISTANI
  - OTHER ASIAN ORIGIN

- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE
  - WESTERN EUROPEAN
  - EASTERN EUROPEAN
  - MIDDLE EASTERN
  - NORTH AFRICAN
- PREFER NOT TO DISCLOSE

What is your native language? \_\_\_\_\_

Are you fluent in any other languages?  No  Yes If yes, please list: \_\_\_\_\_

## Citizenship or Residency Status

U.S. Citizen  U.S. Permanent Resident  Refugee in U.S.  Asylee in U.S.  Non-U.S. Citizen or Permanent Resident

## International Student Information *(If you are a citizen or permanent resident of the U.S., you may skip this section)*

Legal Name Listed on Your Passport: \_\_\_\_\_

State/Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Do you plan on maintaining a visa status other than F-1 student visa?  No  Yes If yes, what visa status will you hold? \_\_\_\_\_

Do you plan on bringing a spouse and/or child to the U.S. with you during your studies?  No  Yes

Are you currently attending a U.S. institution on an F-1 visa?  No  Yes

# Additional Application Information

Applicant Name: \_\_\_\_\_  
LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE/ADDITIONAL NAME

U.S. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## All Applicants

Have you ever been convicted or pleaded "nolo contendere" to any violation of law other than minor traffic offenses?  No  Yes

If either of these events has occurred, the above question must be answered "yes" and you must enclose with your application the court dockets, arrest reports, or other dispositions of your case. If any of the above events occurred with subsequent court action sealing juvenile records under Penal Code Section 1203.45, this question may be answered "no."

When applying for a Certificate of Clearance or a credential, you will be required to answer questions related to your character and any prior law violations. If you answer "yes" to the above question, please seek information from the Commission on Teacher Credentialing (CTC) regarding the possibility of a waiver. (Livescan Application accompanies your application to the CTC and appropriate fees are required by the Commission.)

## Complete if you are applying to a Credential program

- Pupil Personnel Services Credential
- Preliminary Administrative Services Credential
- Clear Administrative Services Credential
- Special Education—Mild/Moderate Specialist Credential
- Single Subject Credential *Subject: \_\_\_\_\_*
- Multiple Subject Credential
- Multiple or Single Subject Credential with Bilingual Authorization *Target Language: \_\_\_\_\_*
- Reading Certificate/Master's

Date(s) you have taken/will take the CBEST: \_\_\_\_\_ CSET: \_\_\_\_\_

Did you list USF as a reporting school?  No  Yes

List credentials currently valid in California or elsewhere:

NAME OF CREDENTIAL	CREDENTIAL TYPE	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of years with teaching experience: *Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_*

## Signature

I certify that the statements in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

**Return to:**  
 University of San Francisco  
 School of Education  
 Dean's Office, Room 107  
 2130 Fulton Street  
 San Francisco, CA 94117-1071

The Taxpayer Relief Act of 1997 was enacted to provide credit against tax liability for amounts spent on qualified tuition expenses by the student and his/her family. Only those tuition expenses not covered by financial aid or by tuition or other benefits are eligible for the credit. We anticipate that the University will be asked to provide confirming information to the Internal Revenue Service on behalf of its students and/or their parents. If you or your parent(s) anticipate claiming Tuition Tax credits, please provide the following information about the person who will claim the credit.

Taxpayer name: \_\_\_\_\_

Taxpayer ID#: \_\_\_\_\_

Taxpayer address: \_\_\_\_\_

The taxpayer is (check one):  the student  student's parents  other

# Additional Optional Information

## Alumni Information

Please tell us if you have relatives that have attended or are attending USF:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you previously applied to a USF graduate program?  No  Yes If yes, which program? \_\_\_\_\_

Are you currently enrolled in a USF graduate program?  No  Yes If yes, which program? \_\_\_\_\_

*The following information is for statistical purposes only.*

Please indicate the source(s) that influenced your decision to apply to the graduate program you are currently filling out this application for. Give names or appropriate information in the spaces provided (Optional):

ADVERTISEMENT *(Please list all that apply:)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACULTY/STAFF

*(Name)* \_\_\_\_\_

HUMAN RESOURCES OFFICE OF YOUR EMPLOYER

*(Name)* \_\_\_\_\_

USF WEBSITE

ALUMNI

*(Name)* \_\_\_\_\_

*(Program)* \_\_\_\_\_

CURRENT USF STUDENT

*(Name)* \_\_\_\_\_

GRADUATE FAIR

*(City)* \_\_\_\_\_

OPEN HOUSE/INFORMATION SESSION

WEB SEARCH

*(Search Engine)* \_\_\_\_\_

OTHER

BUSINESS ASSOCIATE OR FRIEND

*(Name)* \_\_\_\_\_

Please list other institutions for which you are applying for graduate study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_