



SPECIAL EVALUATION SERVICE REQUEST

PLEASE NOTE: This form cannot be processed without the requestor's signature and submission of appropriate fee(s).

Complete this form and submit it to the Credentials Office in the School of Education along with a check or money order for the required amount made out to Sonoma State University. You may bring it to our office in Stevenson Hall, 1st floor 1078, OR mail it to the following address:

**School of Education
 Credentials Office
 1801 E. Cotati Ave.
 Rohnert Park, CA 94928**

Please type or print with ballpoint pen

Last Name (PRINT)	First Name	Middle Name	Maiden/Former Name(s)
SSN	Date of Birth	Daytime Phone	
Address	City/State/Zip Code	E-mail Address	

I am requesting the following Special Evaluation Service:

<input type="checkbox"/>	<p>Out-of-State Evaluation \$25.00</p> <p><i>Description of Service:</i> This service consists of an evaluation of requirements needed to clear a preliminary teaching credential which was awarded based on an out-of-state program (i.e., preliminary credential was earned based on a program outside of California, or via Peacecorps experience)</p>
<input type="checkbox"/>	<p>Out-of-State Verification \$15.00</p> <p><i>Description of Service:</i> This service consists of obtaining an evaluation and verification signature on forms used to obtain credentials in other states (based on a credential earned at SSU). <i>This fee is waived for candidates who request an out-of-state verification within 6 months of completing their initial credential program at SSU.</i></p>
<input type="checkbox"/>	<p>Subject Matter Authorization \$15.00</p> <p><i>Description of Service:</i> This service consists of obtaining an evaluation of transcripts for an added subject matter authorization. If the evaluation is satisfactory, the applicant is then recommended for the subject matter authorization. If not, the applicant is given a result of the evaluation in writing. <i>This fee is waived for candidates who request a subject matter authorization with their initial application for a preliminary credential.</i></p>

OFFICE USE ONLY

Date Form/Payment Received: By (initials):	Evaluation/Verification Completed on: By (initials):
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