



Channel Islands

CALIFORNIA STATE UNIVERSITY

**DIVISION OF ACADEMIC AFFAIRS**

Clinical Experiences and Partnerships Office

School of Education

### Elementary Subject Matter (ESM) Verification Request

Date of Request: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

When do you need the letter submitted? (Minimum three week notice required)

\_\_\_\_\_

Which credential program are you applying to?

Multiple Subject

Education Specialist- Mild/ Moderate

Education Specialist- Moderate/ Severe

List contact information for staff/faculty to receive verification letter:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

University: \_\_\_\_\_

Email address: \_\_\_\_\_

and/or

Mailing address: \_\_\_\_\_

Official ESM verification letters are sent directly to the requested institution.

Email request to [bob.bleicher@csuci.edu](mailto:bob.bleicher@csuci.edu) and type "ESM Verification Request" in the subject line.