



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.

Check here if you will need a letter to upload for an electronic application.

Email request to arlene.pendleton@csuci.edu and type "*ESM Verification Request*" in the subject line.

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