

Bilingual Authorization - Mandarin

Approved Program Contract

Date: _____ SJSU ID: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PRE-REQUISITE REQUIREMENTS			
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Credential		Expiration Date	
ELA	<input type="checkbox"/> YES <input type="checkbox"/> NO		

		Units	Substitution/ Institution	Grade	Semester Completed
EDTE 208M	!"#\$%&'()*+,-./:0.1&%(2.%(3,/*,%-/ 4/5#-67(8-#-/5",#6	3			
EDTE 262M	9,/5",5&(3&\$7.*6(/*):-\$;(2.%(3,/*,%-/ 4/5#-67(8-#-/5",#6	3			

FIELD EXPERIENCE

Chair/Program Director Name

Signature

Date