

AAC/EI Endorsement – Statement of Purpose

This statement signals my intent to register in the appropriate classes for the
Fall ____ semester Spring ____ semester

(Use other side of page or separate sheet if necessary)

Name _____ Date _____
Address _____
City/State/Zip _____ Phone _____
E-mail _____

Current Status

I presently hold (circle one)

ECSE credential (year rec'd) _____
PH credential (year rec'd) _____
SLP license (year rec'd) _____

I am a candidate for (circle one)

ECSE credential PH credential SLP credential
Expected date of graduation (mo/yr) _____

Return form to: AAC/EI Endorsement Program
Dr. Gloria Soto
Dept. Special Education
Burk Hall 154, SFSU