

**Saint Mary's College of California**  
**KSOE Credential Office**  
Request for Credential Recommendation

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**Please submit this document electronically by uploading this document on the online Degree Verification Form. Incomplete forms will be returned unprocessed.**

Please write your full name. Your last name must match that on your SMC records.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Student ID # (7 digits): \_\_\_\_\_ Personal Email: \_\_\_\_\_

**Type of Credential**

Name of Credential: \_\_\_\_\_

By submitting this document I am indicating that I have met the following requirements and I am ready for the Credential Analyst to begin reviewing my credential application for submission to the CTC:

- I have met all KSOE program requirements.
- The above email and phone number will be valid for 90 days.
- I understand that I must pay for my credential on the CTC website within 90 days of receiving my CTC recommendation email.
- I have confirmed that my CTC account has accurate and current contact information for me ([www.ctc.ca.gov](http://www.ctc.ca.gov))

**Note: This document is the last thing you submit. Please see the Credential Checklist for more information.**