

## **COMPUTER SCIENCE SUPPLEMENTAL AUTHORIZATION (CSSA)**

9001 Stockdale Highway – 30BDC Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f) extended.csub.edu

A \$35 non-refundable application fee, made payable to CSUB, must accompany this form in order to be processed. The application fee can be paid by check, money order, or 3<sup>rd</sup> party authorization.

## **ADMISSION REQUIREMENTS**

- One set of unofficial transcripts showing BA/BS degree awarded
- Two Letters of Recommendation from District or Site Administrators
- Statement of Purpose
  - o Attached a type written statement describing how you have used computer science concepts in your instruction thus far and how you hope the authorization program will complement your ability to teach your students. Minimum 1 page in length.
- 2.75 GPA in the last 60 semester units

Valid California Teaching Credential							
APPLICATION TERM: Fall Spring Summ	ner						
OCIAL SECURITY NUMBER: CSUB STUDENT ID# (if applicable):							
LEGAL NAME:							
Last		First					
OTHER NAME(S) THAT MAY APPEAR ON YOUR ACAD	EMIC RECORDS:						
Last	First	First Middle					
DOB://SEX	∴ Male Female	Nonbinary					
MAILING ADDRESS:							
CITY:	STATE:	ZIP:	COUNTY:				
PHONE:	EMAIL:						
US CITIZENSHIP: Yes PERMANENT RESIDENCE: California	☐ No ☐ Out of State	☐ Foreign					
PLEASE PROVIDE YOUR ETHNIC IDENTITY CODE (optional):							
<ul> <li>1 – American Indian or Alaskan Native</li> <li>2 – Black, non-Hispanic, including African American</li> <li>3 – Mexican American, Mexican, Chicano</li> <li>4 – Other Latino, Spanish-origin, Hispanic</li> <li>5 – Other Asian</li> <li>6 – Other Pacific Islander</li> </ul>	7 – White, Caucasian 8 – Other 9 – No Response A – Central American B – South American C – Chinese D – Decline to Sate	F — Filipino G — Guamanian H — Hawaiian J — Japanese K — Korean L — Laotian M — Cambodian	N – Samoan P – Puerto Rican Q – Cuban R – Asian Indian S – Other Southeast Asian T – Thai V – Vietnamese				
	OFFICE USE ONLY (I	nitial & Date)					
RECEIVED BY:			PROCESSED BY:				

HOW DID YOU HEAR ABOUT OUR PROGRAM (check all that apply)?									
☐ CSUB Website ☐ Google/Online Search ☐ TV/Radio ☐ Social Media ☐ Word of Mouth									
Other:									
HAVE YOU EVER ATTENDED CSUB?									
HIGHEST LEVEL OF EDUCATION:									
☐ GED ☐ High School ☐ Some College ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctoral									
Other (Please Specify):									
EDUCATION (list most recent first):									
Institution	City/State	From Month/Year	To Month/Year	Units Completed	GPA	Degree Awarded: AA/AS/BA/BS/etc.			
Are you under academic or disciplinary suspension, dismissal, expulsion, or similar action at CSUB or any other institution?    Yes    No									
If yes, please explain:									
EMPLOYMENT HISTORY (list most recent first):  Employer  Job Title/Nature of Work  Inclusive Dates									
Employer	30	Job Title/Nature of Work			metasive bates				
DISTRICT OR SITE ADMINISTRATOR REFERE	NCES:	Address			D	hono			
Name		Audress			Phone				
PLEASE ANSWER THE FOLLOWING QUESTIONS (if needed, attach a separate sheet)  1. Which district, school site, grade level, and subject area(s) are you currently teaching in? If not a classroom teacher, please identify your role.									
How long have you been teaching in your current placement?									
DECLARATION: I certify that all information submitted in this application is true, complete, and accurate. It is understood that any misrepresentation will be cause for denial of admission. It is also understood that admission to this program does not constitute admission to the regular academic program of California State University, Bakersfield.									
STUDENT'S SIGNATURE: DATE:									



## **PAYMENT FORM**

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TERM:	☐ Fall	Spring	YEAR:	CSUB ID #:			
	Summer	☐ Winter		BIRTHDATE:			
FIRST: _			M.I.:	: LAST:			
ADDRES	S:						
CITY:			STATE:	7IP:	COUNTY:		
····							
PHONE:			EMAIL:				
I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by credit card, check, or financial aid is not paid by the bank, I am still responsible for all course fees. I authorize the Extended Education & Global Outreach to change my record, if necessary, to reflect the above information.							
STUDEN	T'S SIGNATURE: 🕽	<u> </u>		DATE:			
PAYMENT METHOD  Payments must be submitted to Extended Education & Global Outreach (EEGO) at the address listed above or online via myCSUB.  WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.							
FINA	ANCIAL AID TYPE	E:					
☐ CHECK, MONEY ORDER, OR CERTIFIED CHECK #: AMOUNT: \$							
☐ CRE	DIT CARD						
		CRED	IT CARD INFORMATION		FOR OFFICE USE ONLY (INITIAL & DATE)		
CARD TYPE:					RECEIVED BY:		
CARDHOLDER NAME (AS SHOWN ON CARD)  CARDHOLDER SIGNATURE				PAYMENT PROCESSED BY:			
EXPIRA	ATION DATE	BILL	X ING ZIP CODE	AUTHORIZED AMOUNT	TRANSACTION #:		
CARD	NUMBER			<b>9</b>	AMOUNT PAID: \$		