



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**

- Valid California Multiple Subjects, Single Subject, or Education Specialist teaching credential\*
  - The prerequisite credential will also authorize instruction to English learners such as CLAD or an equivalent English Learner Authorization (*The Certificate of Completion of Staff Development* is not equivalent to a CLAD authorization)
- Spanish language proficiency as demonstrated by the passing of CSET LOTE Subtest III or equivalent coursework or degree.
  - For more information on coursework/degree equivalents, please contact the BILA Academic Coordinator, Dr. Adam Sawyer ([asawyer2@csub.edu](mailto:asawyer2@csub.edu))

*\* A full list of eligible certificates can be obtain through the BILA Coordinator*

APPLICATION TERM:  Fall  Spring  Summer  Winter YEAR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ CSUB STUDENT ID# (if applicable): \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_  
Last First Middle

OTHER NAME(S) THAT MAY APPEAR ON YOUR ACADEMIC RECORDS:  
\_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  Male  Female  Nonbinary  
mm dd yyyy

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

US CITIZENSHIP:  Yes  No  
PERMANENT RESIDENCE:  California  Out of State  Foreign

PLEASE PROVIDE YOUR ETHNIC IDENTITY CODE (optional): \_\_\_\_\_

- |   |                      |               |                           |
|---|----------------------|---------------|---------------------------|
| 1 – American Indian or Alaskan Native               | 7 – White, Caucasian | F – Filipino  | N – Samoan                |
| 2 – Black, non-Hispanic, including African American | 8 – Other            | G – Guamanian | P – Puerto Rican          |
| 3 – Mexican American, Mexican, Chicano              | 9 – No Response      | H – Hawaiian  | Q – Cuban                 |
| 4 – Other Latino, Spanish-origin, Hispanic          | A – Central American | J – Japanese  | R – Asian Indian          |
| 5 – Other Asian                                     | B – South American   | K – Korean    | S – Other Southeast Asian |
| 6 – Other Pacific Islander                          | C – Chinese          | L – Laotian   | T – Thai                  |
|   | D – Decline to Sate  | M – Cambodian | V – Vietnamese            |

OFFICE USE ONLY (Initial & 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?    Yes    No   If yes, please specify: \_\_\_\_\_

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

PERSONAL OR PROFESSIONAL REFERENCES:

Name	Address	Phone

WRITE A BRIEF STATEMENT DESCRIBING YOUR PERSONAL AND PROFESSIONAL REASONS FOR SEEKING ADMISSION TO THIS PROGRAM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_



TERM:  Fall  Spring YEAR: \_\_\_\_\_  
 Summer  Winter YYY

CSUB ID #: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**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.**

FINANCIAL AID TYPE: \_\_\_\_\_

CHECK, MONEY ORDER, OR CERTIFIED CHECK #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

CREDIT CARD:  Visa  MasterCard

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CC Zip Code: \_\_\_\_\_

Name on CC: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

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.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only (Initial and Date)**

Received By

Processed By

Receipt #

**NONDISCRIMINATION POLICY**

EEGO does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations provided that their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).