



APPLICANT CHECKLIST

Directions to Applicant: Before mailing your application, please read and check the following points:

- Fill out application form completely
- Transcripts:
 - ✓ One official transcript showing all undergraduate and graduate coursework from each institution attended must be submitted with your application. We would suggest you have all transcripts sent to yourself and submit unopened copies along with your application in one packet
 - ✓ Please submit foreign transcripts in the original language accompanied by a certified English translation. Foreign transcripts must be professionally evaluated by a reputable company. A suggested list of companies that evaluate foreign transcripts is found at: <http://www.ctc.ca.gov/credentials/leaflets/cl635.pdf>.
- \$75 Application/Evaluation Fee
 - ✓ Forms of payment accepted:
 - Check or money order made payable to "CSU Bakersfield"
 - Visa or MasterCard
 - Complete attached payment form and include with application
- CSU Bakersfield requires that all students have immunization records on file verifying proof of MMR (Measles, Mumps, Rubella) vaccination. Please provide a copy of your MMR vaccination with your application or contact the Health Center (661.654.2394) to discuss your options to meet this requirement.
- Submit all application materials to:

CSUB EXTENDED EDUCATION
9001 Stockdale Highway – 30BDC
Bakersfield, CA 93311-1022

Admission to the Extended Education degree program does not constitute admission to the CSUB Main Campus degree program. Students planning to attend classes on the Main CSUB campus should contact the Extended Education Degree Programs Office for more information.

If you have any questions regarding this application, need information concerning the program or program criteria, please feel free to contact us at 661.654.2441.

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).



CSU Bakersfield

Extended Education

DEGREE PROGRAM APPLICATION

Attach a non-refundable \$75 application fee payable to CSUB. Response to each item is mandatory unless otherwise indicated.

FOR OFFICE USE ONLY:

Check #: _____ Date Received: _____

APPLICATION TERM: Spring 20_____ Summer 20_____ Fall 20_____

PROGRAM:

BA Communications BA Sociology MA Education - Curriculum & Instruction MS Administration
 Public Relations Option

LEGAL NAME:

Last: _____ First: _____

Middle: _____

OTHER NAME(S) THAT MAY APPEAR ON YOUR ACADEMIC RECORDS:

Last: _____ First: _____

Middle: _____

Last: _____ First: _____

Middle: _____

BIRTHDATE: _____/_____/_____

SEX: Male Female

SOCIAL SECURITY #: _____/_____/_____

CSUB ID # (if applicable): _____

CSUB NET ID (if applicable): _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____ Country: _____

If a resident of California, please list your county of residence: _____

Phone: _____ Email: _____

FOR OFFICE USE ONLY

Overall GPA: _____ Last 90 GPA: _____ Units Completed: _____ NET ID: _____

Degree: _____

Undergraduate Requirements

Certified A1: Speech A2: Writing A3: Critical Thinking B4: Statistics

C&I Graduate Requirements

Transcripts Statement References Credential Tech Contract GWAR

MSA Graduate Requirements

Transcripts Statement References Resume Statistics ACCEPTED DENIED _____

Print the names and locations of all institutions attended. Attach a separate sheet if you need more space.

School Name	State	Dates Enrolled: From - To	Degree Awarded:

Are you eligible to re-enroll at all institutions previously attended? Yes No (if not, please attach explanation)

Job Title (if applicable): _____

Employer (if applicable): _____

COUNTRY OF CITIZENSHIP (all must answer): _____

Use the options listed below to provide your citizenship code: _____

Y: U.S. Citizen R: Refugee/Asylum F: F Visa (student) J: J Visa I: Immigrant I-551 ("green card") N: None of the above

If I: Immigrant I-551 ("green card"), please provide the date issued and be prepared to show proof: _____

If you were born outside of the U.S., what year did you move to the U.S.? _____

Please choose the ONE best category to describe yourself from the list below (1-8): _____

- | | | | |
|---------------------------------|------------------------------|--------------------------|-----------------------|
| 1. American Indian or Alaskan | 2. African American or Black | 3. Asian or Asian Indian | 4. Caucasian or White |
| 5. Hawaiian or Pacific Islander | 6. Hispanic or Latino/a | 7. Two or More Races | 8. Decline to State |

If you identified *Hispanic or Latino/a*, please indicate your family origins (e.g., Mexican, Guatemalan, etc.):

If you identified *Two or More Races*, please indicate up to five races (not including Hispanic or Latino/a). Choose from race categories 1-5 above:

PLEASE INDICATE YOUR CURRENT U.S. MILITARY STATUS (1-5): _____

- | | | | |
|---|--------------------------|-------------------|------------|
| 1. Active Duty Military Member | 2. National Guard Member | 3. Reserve Member | 4. Veteran |
| 5. Not in the U.S. Military and not a Veteran | | | |

PLEASE INDICATE YOUR CURRENT U.S. MILITARY DEPENDENT STATUS (1-5): _____

- | | | |
|--|---|----------------------------------|
| 1. Dependent of an Active Duty Military Member | 2. Dependent of a National Guard Member | 3. Dependent of a Reserve Member |
| 4. Dependent of a Veteran | | |
| 5. Not a dependent of a U.S. Military or Veteran | | |

HOW DID YOU HEAR ABOUT US?

- CSUB Website Google/Online Search TV or Radio Social Media Word of Mouth

Other: _____

CERTIFICATION – TO BE READ AND SIGNED BY ALL APPLICANTS TO CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED

I certify under penalty of perjury under the laws of the State of California and the United States that I have provided complete and accurate responses to the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the California State University to release any information submitted by me in connection with my application to any person, firm, corporation, association, or government agency to verify or explain the information I have provided, to obtain other records necessary for my application, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment. I certify that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the fact affecting my residence.

Applicant's Signature

City and County

Date



TERM: Fall Spring YEAR: _____
 Summer Winter YYY Y

CSUB Student #: _____

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: _____

OFFICE USE ONLY		
Received By: Initials & Date	Processed By Initials & Date:	Receipt #:

Nondiscrimination Policy

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