



APPLICANT CHECKLIST

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

- The MS Administration program is **not** an Educational Administration program. If you are interested in an Educational Administration program, please contact Advanced Educational Studies at 661.654.3055.
- 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
 - **If you graduated with your BA/BS degree from CSU Bakersfield, please skip this step – you will be contacted if any further transcripts are needed.**
 - ✓ 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>.
- \$70 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
- Three MSA Graduate Reference Forms (blank form is included in this application packet)
 - ✓ Reference forms must be submitted in a sealed envelope with the signature of the referee on the back flap.
 - ✓ All references must be professional – supervisors and/or faculty are preferred.
- Resume
- Signed Technology Contract (included in this application packet)
- Statement of Purpose
 - ✓ Attached a type written statement describing reason(s) for pursuing graduate study. Include any additional information concerning your preparation which is pertinent to the objective specified. Minimum 1 page in length.

The following item is not required for admission but is required to register for ADM 5200: Quantitative Decision Making:

- Basic Statistics course completed with a “C” or better

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

EUD 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 \$70 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 in Communications - Online [] BA in Sociology - Online [] MS Administration - Online

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 [] Other

CSUB ID # (if applicable): _____

SOCIAL SECURITY #: ____/____/____

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: _____

HOW DID YOU HEAR ABOUT US?

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

[] Other: _____

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 [] Tech Contract

MSA Graduate Requirements

[] Transcripts [] Statement [] References [] Resume [] Statistics [] Tech Contract

MSW Graduate Requirements

[] Transcripts [] Statement [] References [] Resume [] Tech Contract

[] 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

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

You are required to include your social security number (or taxpayer identification number) on admission application forms to all CSU campuses pursuant to Section 41201, Title 5, Code of California Regulations and Section 6109 of the Internal Revenue Code. CSU campuses use the social security number to identify your student records maintained in your association with the campus and, if needed, to help collect debts owed the university. Your social security number may be written on your application fee check to facilitate the processing of your fee payment. Also, the Internal Revenue Service requires the university to file information returns that include the student's social security number and other information such as the amount paid for qualified tuition, related expenses, and interest on educational loans. That information is used to help determine whether you, or a person claiming you as a dependent, may take a credit or deduction to reduce federal income taxes. If you do not have a social security number at the time you file the application, you may leave the item blank and the campus will assign a temporary number. However, you are required to obtain a social security number and submit it to the university by the time you begin enrollment. Failure to furnish your correct social security number may result in the imposition of a penalty by the Internal Revenue Service.



Applicant: Please complete this section, then deliver or mail this form and self-addressed envelope to your referee. Ask your referee to return the letter to you in the attached envelope with his/her signature across the seal. Do not open the envelope or break the seal. Submit sealed envelope with your application.

NAME: _____

PHONE: _____ EMAIL: _____

I understand that this recommendation will be used only for admission and fellowship decisions, and I hereby waive my right of access to this recommendation.

Signed _____ Date _____

Respondent: The admissions committee would appreciate your judicious evaluation of the applicant. CSU Bakersfield/Extended Education uses a self-managed application. To preserve the confidentiality of this recommendation, please affix your signature across the sealed flap of the envelope and return it to the applicant who will submit it with his/her application packet to the CSUB Extended Education Office.

If you do not know the student well enough to give a recommendation, please initial here: _____

ALL REFERENCE FORMS MUST BE PROFESSIONAL (I.E. SUPERVISOR, INSTRUCTOR, ETC.)

Name of Respondent: _____ Phone: _____

Position/Title: _____ Organization: _____

How long have you known the applicant? _____ In what capacity? _____

PLEASE RATE THE APPLICANT ON THE QUALITIES LISTED BELOW:

Table with 6 columns: Quality, Truly Exceptional (top 5%), Outstanding (top 15%), Above Average (top 25%), Average (mid 50%), Below Average (lowest 25%). Rows include Overall, Intellectual Ability, Motivation, Analytical Ability, Ability to work well with others, Ability in oral expression, Ability in written expression, Creativity, Self-Confidence, Leadership.

I [] strongly recommend, [] recommend, [] recommend with reservations this applicant for the MSA Program.

I [] do not recommend this applicant for the MSA program.

I [] would be willing [] would not be willing to respond to additional questions by phone.

Signed _____ Date _____



Thank you for your application to our program. Our program is offered completely online. The technology statement is a required part of the admissions packet in order to ensure applicants have the technology skills necessary to interact with colleagues, students and instructors in an online environment. In addition to academic preparations, students in the program need to have personal access to a computer and the Internet in order to complete classes.

Technology success in the program includes the ability to:

1. Access the Internet; including performing searches, setting bookmarks, following links, and saving a web page. Have the ability to apply electronic search strategies, including the use of keyword searches and using Boolean operators; adhere to software licensing agreements and comply with copyright law and guidelines; locate/ retrieve information from remote sources; including using distant data for analysis.
2. Perform the following operations in a word processing program: copy, cut and paste, change size/ style, spell check text, format paragraph text; create: columns, tables, margins, and tab settings.
3. Use varied communication tools (e-mail, fax, chat, and threaded discussions) to participate in group projects.
4. Participate in electronic communities as a learner, initiator, contributor, or mentor.
5. Use multiple technology tools; including CD/DVDs, video cameras, scanners, digital cameras, etc.
6. Use e-mail; including send/receive, forward/reply, save/ archive, create/use address books, and send attachments.

Program general technology requirements:

1. Download a "no cost" copy of the current version of **Adobe Reader** in preparation for reading assignments.
2. It is recommended that students have Microsoft Office (Word, Excel and PowerPoint). Students may purchase the student/teacher edition from many retailers. Documents created using Microsoft Works are not accepted for any reason.
3. Back up course work on a daily basis; disk failure or other loss of data is not an excuse when completing course work.

By signing below, I acknowledge that I understand that I am applying for admission to an online distance education program and believe I am able to work successfully in an online environment.

Applicant Name: _____ Date: _____

Applicant Signature: _____



PAYMENT FORM

9001 Stockdale Highway - 30BDC
Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f)
extended.csub.edu

TERM: [] Fall [] Spring YEAR: _____
[] Summer [] Winter YYY

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: _____

For Office Use Only (Initial and Date)

Received By

Processed By

Receipt #

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