



## APPLICANT CHECKLIST

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

- Fill out application form completely
- Program Prerequisites:
  - ✓ College/University level course with a grade of C or better in the following three content areas:
    - Human Anatomy
    - Human Physiology
    - Introductory Statistics
- Bachelor's Degree in Kinesiology
  - ✓ Those without a Bachelor's Degree in Kinesiology must take or have taken three undergraduate courses from the areas of biomechanics, exercise physiology, motor control/learning, applied kinesiology, or functional anatomy and one course from the areas of sport psychology or exercise psychology. Courses must be completed with a grade of C or better.
- 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.**
  - ✓ If submitting digital transcripts, please have them sent to [dptranscripts@csub.edu](mailto:dptranscripts@csub.edu)
  - ✓ 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 MSK Graduate Reference Forms
  - ✓ Please provide your referee this link to the MSK Reference Form: <https://extended.csub.edu/mskreference>
  - ✓ Your referee should complete the reference form and email it back to [dpreferences@csub.edu](mailto:dpreferences@csub.edu). Reference forms that come from the applicant's email account will not be accepted.
- Signed Technology Contract (included in this application packet)
- Personal Statement
  - ✓ A 1–2-page document discussing your academic and professional interests and how they align with the interests of the CSUB graduate faculty and relate to a graduate degree in Kinesiology.

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 [ ] MA Education - Online [ ] MS Kinesiology - Online
[ ] BA in Sociology - Online [ ] MS Administration - Online [ ] MS Computer Science

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 [ ] Nonbinary

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: \_\_\_\_\_

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

[ ] 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.



THIS REFERENCE FORM MUST BE EMAILED FROM THE REFEREE'S EMAIL ADDRESS AND NOT THE APPLICANT.

PLEASE EMAIL TO:
dpreferences@csub.edu

In order to complete this fillable PDF form, you must save the file to your computer first. Once you have completed the form, you can then save your responses and attach it to your email to submit. The PDF form will not save your results if done on a tablet or smart phone.

Alternatively, you can print, complete, and scan back into your email for submission.

All areas must be evaluated for the reference form to be considered valid.

APPLICANT NAME: \_\_\_\_\_

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 MSK Program.

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

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

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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: \_\_\_\_\_

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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 (EEO) 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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