

DEPARTMENT APPLICATION

Master of Arts Graduate Program in Anthropology

TO THE APPLICANT: Applicants to the MA in Anthropology degree program must complete this form and also a CSU Postbaccalaureate and Graduate Admission Application, Forms A and B. The Department admits only those applicants who are also admissible to post-baccalaureate status at CSUB.

I. APPLICANT INFORMATION

| | | | |
|--|--------------------------|----------------------|----------------------|
| 1. Legal Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>Last name (comma)</i> | <i>First name</i> | <i>Middle</i> |
| 2. Mailing Address | <input type="text"/> | | |
| | <i>Street number</i> | | <i>Apartment</i> |
| | <input type="text"/> | | |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| 3. Student ID # | <input type="text"/> | | |
| 4. E-mail address: | <input type="text"/> | | |
| 5. Home Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>Area Code</i> | <i>Number</i> | |
| 6. Daytime Phone or Message Number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>Area Code</i> | <i>Number</i> | |
| 7. Fax Number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>Area Code</i> | <i>Number</i> | |
| 8. Date Planning to Enter MA Program | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>Mo.</i> | <i>Date</i> | <i>Yr.</i> |
| 9. Date Planning to Complete MA Program | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>Mo.</i> | <i>Date</i> | <i>Yr.</i> |

II. UNDERGRADUATE DEGREE

| | | | |
|------------------|----------------------|----------------|-------|
| 1. Year Received | <input type="text"/> | 2. Institution | _____ |
| 3. Major | _____ | 4. Minor | _____ |
| 5. Overall GPA | _____ | 6. Minor GPA | _____ |

III. PROGRAM OPTION

| | | |
|--|--|---|
| <input type="checkbox"/> Thesis Option | <input type="checkbox"/> Teaching Track Option | <input type="checkbox"/> Special Project Option |
|--|--|---|

IV. TEST SCORES

| Test | Date Taken/ Scheduled | Scores Received | Date Scores Requested |
|-----------------------------------|--------------------------|---|-----------------------|
| GRE | | Verbal _____% Quantitative _____% | |
| TOEFL (International students) | | Scaled Scores: Sec. 1 <input type="text"/> <input type="text"/> Sec. 2 <input type="text"/> <input type="text"/> Sec. 3 <input type="text"/> <input type="text"/> Total Score <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

V. RECOMMENDATIONS

List below three faculty members who best know your academic qualifications, including performance, potential, and motivation. Please request these individuals to complete Student Evaluation (Form B).

| Name | Position | Institution |
|------|----------|-------------|
| | | |
| | | |
| | | |

In addition to this application you must also include in your application packet the following:

1. Letter of Intent
 2. Three Sealed Student Recommendation Forms
 3. Graduate Record Exam (GRE) printout
 4. An example of your writing (e.g., an undergraduate term paper, senior thesis, or published paper)
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I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission.

Signature _____ Date _____
