

Application for the Baccalaureate Degree

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Office of Admissions, Records and Evaluations

9001 Stockdale Highway

Bakersfield, CA 93311-1022

(661) 654-3036 | FAX (661) 654-3389

www.csub.edu/admissions



Applicant information and address

CSUB ID #: _____

Receipt: _____

Date: _____

Name: (Last, First, Middle) _____

Address: (Street & Number) _____

(City, State, ZIP) _____

Telephone: _____

E-mail: _____

Reapplication: Yes ___ No ___

Quarter of Degree and Date: _____

Major(s): _____ Minor(s): _____ Concentration: _____

Catalog Used: _____

Mailing address for diploma and name as it is to appear on diploma (please print)

Name: _____

Address: (Street & Number) _____

(City, State, Zip) _____

List all courses that are in progress and those to be taken in future terms.

Course Dept & Number	Course Title	Units	Term	Remarks

If you wish to receive Post-Baccalaureate credit, list those courses below to be taken during your last quarter of enrollment at CSUB that are not required for the degree. Students seeking a teacher credential may have additional Post-Baccalaureate credit options. Please consult with your advisor.

Course Dept & Number	Course Title

Note to Applicant: Any pending grades such as "I" Incomplete, "RP" Report in Progress, and "RD" Report Delayed must be changed before the degree can be awarded. Grade changes will not be honored once the degree has been awarded. You are hereby certifying that all information submitted above is accurate pertaining towards the completion of the Baccalaureate Degree and any deviation from the original submission may effect the status of the application. You MUST notify the Evaluations office if any changes to your program occur that may affect the completion of your degree after this application has been submitted.

Applicant's Signature: _____

Date: _____