

APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAMS



Extended University Division
California State University, Bakersfield
9001 Stockdale Highway
30-BDC
Bakersfield, CA 93311-1022
PH. 661-654-2441
FX. 661-654-2447



CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - EXTENDED UNIVERSITY DIVISION

APPLICATION FOR ADMISSION TO CSUB CERTIFICATE PROGRAMS

\$25 Application fee must accompany this form for it to be processed

NAME OF PROGRAM YOU ARE APPLYING TO:

(Do Not Use this Application if applying to Drug and Alcohol Studies, Attorney Assistant, or TESOL)

Name: _____

Social Security Number: _____ Gender: Male Female

Date of Birth: _____

Evening Telephone: _____ Daytime Telephone: _____

Mailing Address: _____

City _____ State _____ Zip _____

E-mail Address: _____

Have you attended college or additional education beyond High School? Yes No

Are you currently enrolled in another CSUB Certificate Program? Yes No

If so, which one? _____

Are you currently enrolled in a CSUB degree Program? Yes No

If so, which one? _____

Degrees Obtained: None Associates Bachelors Masters Other

Different Name(s) that may appear on transcripts: _____

Are you under academic or disciplinary suspension, dismissal, expulsion, or similar action at CSUB or any other college or university? Yes No

If yes, please explain: _____

For EUD Use Only

App Fee Paid: \$

Date:

Form Received By:

Processed By:

Processed By:

Receipt #:

Date:

Date:

Education: List most recent schools attended first:

Institution City, State	Semester or Quarter	From Month/Year	To Month/Year	Units Completed	Est. GPA	Degree Month/Year Received

Employment History (list most recent first):

Employer	Nature of Work	Inclusive Dates

Personal or professional references:

Name	Address	Telephone

Write a brief statement describing your personal and professional reasons for seeking admission to this program.

How did you hear about this program? _____

DECLARATION: I certify that all information submitted in this application is true, complete, and accurate. It is understood that any misrepresentation will be cause for denial of admission. It is also understood that admission to this program does not constitute admission to the regular academic program of California State University, Bakersfield.

Signature of Applicant

Date

PLEASE REMEMBER:

**Include \$25 check or 3rd party authorization with application.
Checks should be made payable to CSUB.**