



Regional and Online Degree Programs
California State University, Bakersfield
30-BDC
9001 Stockdale Highway
Bakersfield, California 93311-1022

661-654-2441 Phone
661-654-2447 FAX

Regional and Online Degree Programs Applicant Checklist

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

____ 1. Fill out application form completely.

____ 2. Transcripts:

If you are applying to a degree or credential program, submit two official transcripts showing all undergraduate and graduate work from each college or university attended. These transcripts should be submitted directly to the Special Sessions Evaluator from the institution attended.

____ 3. Application / Evaluation Fee:

If you are applying to a degree or credential program, submit a non-refundable Application fee of \$75.00 with this application payable to "California State University, Bakersfield."

____ 4. Admission to this program does not constitute admission to the regular academic program of the institution. Students planning to attend classes on campus should contact the Special Sessions Coordinator for more information.

____ 5. If you are a veteran, please submit a copy of your DD Form 214 with this application.

____ 6. Provide a copy of your immunization record verifying the MMR vaccination.

____ 7. Submit all materials to:

CSUB Regional and Online Degree Programs
30-BDC
9001 Stockdale Highway
Bakersfield, CA 93311-1022
ATTN: Kristie Luna, Evaluator

If you have any questions regarding this application, contact Kristie Luna at 661-654-3423.

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).

For further information concerning the program or criteria for admission, please contact Regional Programs, the Extended University Division, California State University Bakersfield, 30-BDC, 9001 Stockdale Highway, Bakersfield, CA 93311-1022 or call 661-654-2441.

<http://www.csub.edu/eud>

11. **Education Credential Objective** (may be in addition to major/program objective). Teacher, specialist, or other service credential program.

Enter appropriate code in box:

N - Not interested in a credential program **Y** - Applying to a credential program this term.

S - Out-of-state teacher completing CA credential requirements

Credential Objective Name

12. No degree or credential objective: courses for personal or professional growth; please specify the graduate level courses you wish to take.

13. **Permanent Residence.**

If you live in California, list county of residence.

If you live outside of California, list other U.S. state of country.

14. **Country of Citizenship (all must answer).**

15a. Enter your citizenship code in box:

Y - U.S. Citizen **R** - Refugee/Asylum **F** - F Visa (student) **J** - J Visa **N** - None of the above

I - Immigrant I-551 ("green card") Date Issued: (You must provide the date issued and be prepared to submit verification)

O - Other Visa (specify) Date Issued:

15b. If you were born outside the U.S., what year did you move to the U.S.?

16. **Enter your ethnic identity code in box (optional):**

1 - American Indian or Alaskan Native; tribe

2 - Black, non-Hispanic, including African American **C** - Chinese **V** - Vietnamese **7** - White

3 - Mexican American, Mexican, Chicano **J** - Japanese **T** - Thai **F** - Filipino

A - Central American **K** - Korean **S** - Other Southeast Asian **8** - Other

B - South American **R** - Asian Indian **G** - Guamanian **9** - No Response

Q - Cuban **5** - Other Asian **H** - Hawaiian **D** - Decline to State

P - Puerto Rican **M** - Cambodian **N** - Samoan

4 - Other Latino, Spanish-origin, Hispanic **L** - Loation **6** - Other Pacific Islander

The application form provides you with an opportunity to report your primary racial or ethnic identity. However, you may use the Web to provide the CSU with more complete information regarding your racial / ethnic identity, if you wish. Neither you nor others can view any data collected on the website. Any information you submit on the website will override and update any existing information. The address for the website is <http://CSUethnicsurvey.xap.com>.

17. Print the names and locations of all colleges and universities attended, even if no coursework was completed. Begin with the last institution attended. Attach a separate sheet if you need more space. For units in progress, see item 18.

All Institutions

School Name	State	Enrolled				Number of Transferable units completed		Degree Received	Date (to be) Received	Fee Status Resident/ Nonres*	
		From		To		Sem. Units	Qtr. Units		Year		
		Mo.	Yr.	Mo.	Yr.			Year			
		M	M	Y	Y	M	M	Y	Y		
		M	M	Y	Y	M	M	Y	Y		
		M	M	Y	Y	M	M	Y	Y		
		M	M	Y	Y	M	M	Y	Y		
		M	M	Y	Y	M	M	Y	Y		
		M	M	Y	Y	M	M	Y	Y		

*Attach evidence of nonresident status

TOTAL

18. List below college courses in which you are currently enrolled and additional courses you plan to complete (including summer school) before entering the CSU. Attach a separate sheet if more space is needed.

Courses in Progress/Planned

Institution	Term / Year	Department Course Number and Title	Units		
	Y	Y	Y	Y	
	Y	Y	Y	Y	
	Y	Y	Y	Y	
	Y	Y	Y	Y	
	Y	Y	Y	Y	

Your responses to the following questions are required to make a preliminary assessment of your residency status for admission and tuition purposes. The campus may request additional information prior to making a final residence determination.

TOTAL UNITS IN PROGRESS

19. List places you lived before your present stay in California began and the parent/guardian with whom you resided.

From Date	To Date	State of Country	Parent/Guardian					
Y	Y	Y	Y	Y	Y	Y	Y	
Y	Y	Y	Y	Y	Y	Y	Y	

20. What state do you regard as your permanent home? 21. Do you claim California residency? Yes No If "no" proceed to 27.

22. If you claim California residency, when did your present stay begin? 23. Birthplace

MMDDYYYY
MonthDayYear

24. Have you lived in California continuously since birth? Yes No

25. Are you claimed as a dependant on the military record of any member of the U.S. Armed Forces? Yes No

26. Possess a driver's license? Yes No If "yes", give state, date of issuance, and license #

StateYYYYLicense Number

Possess a DMV identification card? Yes No If "yes", give state, date of issuance, and ID #

StateYYYYLicense Number

27. **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 facts affecting my residence.

Signed at

City and County

Applicant's Signature

Date

When claiming California residency and completing this form outside California, it must be subscribed and sworn to before a person authorized to administer oaths, such as a notary public.

Use of the Social Security Number -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.

FOR OFFICE USE ONLY:

Received

Date

Fee Status By

Data Entry By
Date

Previous Student File Number

12. **Education credential objective** (may be in addition to major/program objective). Teacher, specialist or other service credential program.

Enter appropriate code in box:

N-Not interested in a credential program **Y** - Applying to a credential program for this term

S - Out-of-state teacher completing CA credential requirements

Credential objective name _____

13. Have you been admitted to a program for the credential you are now seeking? Yes No If "yes," which campus? _____

14. Do you hold or have you ever held a valid California teaching credential? Yes No

If "yes," please indicate the status of your credential(s) on the line adjacent to the credential title(s). (1 – Partial or Preliminary 2 – Clear or Professional 3 – Life 4 – Expired)

____ General Elementary ____ Standard Elementary ____ General Secondary ____ Standard Secondary
 ____ Multiple Subject ____ Single Subject ____ Administrative Services ____ Other

15. **Academic Honors** (*scholarships, awards, publications*) _____

16. List your first language _____

Indicate your proficiency in other languages in which you have competence. Rate yourself **E** - Excellent **G** - Good **F** - Fair **P** - Poor

LANGUAGE	READING	WRITING	SPEAKING	LANGUAGE	READING	WRITING	SPEAKING	LANGUAGE	READING	WRITING	SPEAKING
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Years of instruction through the medium of English _____

17. **Test Scores.** List below standardized U.S. graduate admissions tests taken/scheduled: GMAT, GRE, MAT, TOEFL, TWE, NTE, CBEST, etc. Official test reports must be sent to the office of admission directly from the testing service.

TEST	DATE TAKEN / SCHEDULED	SCORES RECEIVED	DATE SCORE REQUESTED
GRE, General		Verbal____% Quant____% Analytical____%	
TOEFL		Scaled Scores: Sec1____ Sec2____ Sec3____ Total Score____	
GMAT		Verbal____ Math____ Analytical Writing____	
Others			

18. List all applicable employment. Include military service but omit summer and part-time work not relevant to your career or academic goal. Indicate your present employer, if now employed.

EMPLOYER	NATURE OF WORK	INCLUSIVE DATES

19. List below the three faculty members who best know your academic qualifications, including performance, potential, and motivation. If required by the individual program to which you are applying, request these individuals to send letters of reference directly to the department chair or graduate coordinator of the program.

NAME	ADDRESS	POSITION AND INSTITUTION

20. **Statement of Purpose.** Write a brief statement of purpose describing reason(s) for pursuing graduate or postbaccalaureate study. Include any additional information concerning your preparation which is pertinent to the objective specified. Attach an additional sheet if necessary. You may also attach a resume and/or letters of reference if required by the department.

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 _____