

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
(661) 654-3420

Early Enrollment Program
Policies and Procedures

1. This form must be submitted to the Office of Undergraduate Studies with the regular CSU application for admission, high school transcripts, and test scores. The application fee is waived.
2. Admission to the University must be recommended and approved by the principal and/or director of guidance of the high school, and by the student's parents or legal guardian.
3. The student's preparation should be such that in the judgement of the appropriate authority, the probability of the student's academic success at the campus is equivalent to that of students admitted under current CSU admission requirements.
4. The student will be allowed to enroll for no more than one course per quarter. A new form must be submitted to the Admissions Office for each additional quarter of enrollment.
5. Unit and content credit with appropriate grades earned will be established for each student and will be available for use toward meeting graduation requirements at the University or for transfer to another college or university.
6. Admission to the Early Enrollment Program does not constitute regular admission to the University once the student has graduated from high school. If a student wishes to continue enrollment at the University after graduation from high school they must submit a regular CSU admissions application, pay the application fee, and meet the CSU admission requirements in effect at that time.

DISTRICT HIGH SCHOOL AUTHORIZATION

It is recommended that _____ be permitted to enroll at
(Student's Name)
California State University, Bakersfield during _____ for a maximum of
(Academic Term and Year)
five (5) quarter units of credit. This student is a junior or senior whose grade point average and test scores indicate that minimum State University entrance requirements should be met at the time of graduation from high school.

Parent's Authorization: I hereby certify that I approve the indicated enrollment.

Student's Social Security Number

Course Number & Name for this term

Parent/Guardian's Signature

Date Signed

School's Authorization: I hereby certify that I approve the indicated enrollment.

High School

Asst. Principal, Guidance Director, or Counselor

IMMUNIZATION CERTIFICATION

By initialing, I further certify that the above student has
current proof of measles & rubella immunizations on file. _____ High School Representative