



**EXTENDED EDUCATION AND
GLOBAL OUTREACH
CSU BAKERSFIELD**

CERTIFICATE PROGRAM APPLICATION

9001 Stockdale Highway – 30BDC
Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f)
extended.csub.edu

Application fees are listed below by program and are non-refundable. Payment via check, money order, 3rd party authorization or credit card must accompany application in order to be processed (Payable to CSUB).

PROGRAM YOU ARE APPLYING TO:

Choose One: _____

If Other, Specify Here: _____

APPLICATION TERM: Fall Spring Summer Winter YEAR: _____
YYYY

LEGAL NAME: _____
LAST FIRST MIDDLE

OTHER NAME(S) THAT MAY APPEAR ON YOUR ACADEMIC RECORDS:

LAST FIRST MIDDLE

DOB: ____/____/____ GENDER: Male Female Non-Binary
mm dd yyyy

SOCIAL SECURITY NUMBER: _____ **CSUB STUDENT ID# (if applicable):** _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

US CITIZENSHIP: Yes No
PERMANENT RESIDENCE: California Out of State Foreign

PLEASE PROVIDE YOUR ETHNIC IDENTITY CODE (optional): _____

- | | | | |
|---|----------------------|---------------|---------------------------|
| 1 – American Indian or Alaskan Native | 7 – White, Caucasian | F – Filipino | N – Samoan |
| 2 – Black, non-Hispanic, including African American | 8 – Other | G – Guamanian | P – Puerto Rican |
| 3 – Mexican American, Mexican, Chicano | 9 – No Response | H – Hawaiian | Q – Cuban |
| 4 – Other Latino, Spanish-origin, Hispanic | A – Central American | J – Japanese | R – Asian Indian |
| 5 – Other Asian | B – South American | K – Korean | S – Other Southeast Asian |
| 6 – Other Pacific Islander | C – Chinese | L – Laotian | T – Thai |
| | D – Decline to Sate | M – Cambodian | V – Vietnamese |

HOW DID YOU HEAR ABOUT OUR PROGRAM (CHECK ALL THAT APPLY)?

CSUB Website Google/Online Search TV/Radio Social Media Word of Mouth

Other: _____

HAVE YOU EVER ATTENDED CSUB? Yes No If yes, please specify: _____

OFFICE USE ONLY (Initial & Date)		
RECEIVED BY:	PROCESSED BY:	PAYMENT PROCESSED BY:
		FEES PAID: \$
		RECEIPT #:

HIGHEST LEVEL OF EDUCATION:

- GED
 High School
 Some College
 Associate's
 Bachelor's
 Master's
 Doctoral
 Other (Please Specify): _____

EDUCATION (list most recent first):

Institution	City/State	From Month/Year	To Month/Year	Units Completed	GPA	Degree Awarded: AA/AS/BA/BS/etc.

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

If yes, please explain: _____

EMPLOYMENT HISTORY (list most recent first):

Employer	Job Title/Nature of Work	Inclusive Dates

PERSONAL OR PROFESSIONAL REFERENCES:

Name	Address	Phone

WRITE A BRIEF 100 – 200 WORD STATEMENT DESCRIBING YOUR PERSONAL AND PROFESSIONAL REASONS FOR SEEKING ADMISSION TO THIS PROGRAM. YOU MAY ATTACH A SEPARATE SHEET OF PAPER WITH YOUR STATEMENT. NOTE: THIS STATEMENT WILL BE USED IN CONSIDERATION FOR ADMISSION. **DRUG & ALCOHOL STUDIES** APPLICANTS ONLY COMPLETE THE 500-WORD ESSAY.

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.

STUDENT'S SIGNATURE: _____ DATE: _____

***DRUG AND ALCOHOL STUDIES** applicants are required to submit a 500-word essay and copy of high school diploma, G.E.D., or college transcripts.

****PHARMACY TECHNICIAN** applicants must also submit a copy of high school diploma or G.E.D. and must complete and pass a Basic Mathematics Skills Test at the time of application submission.



TERM: Fall Spring YEAR: _____
 Summer Winter YYY Y

CSUB ID #: _____

BIRTHDATE: _____

FIRST: _____ M.I.: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

PAYMENT METHOD

Payments must be submitted to Extended Education & Global Outreach (EEGO) at the address listed above or online via myCSUB.

WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.

FINANCIAL AID TYPE: _____

CHECK, MONEY ORDER, OR CERTIFIED CHECK #: _____ Amount: \$ _____

CREDIT CARD: Visa MasterCard

Card #: _____ Expiration Date: _____ CC Zip Code: _____

Name on CC: _____ Cardholder Signature: _____

Amount Authorized: \$ _____

I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by credit card, check, or financial aid is not paid by the bank, I am still responsible for all course fees. I authorize the Extended Education & Global Outreach to change my record, if necessary, to reflect the above information.

Student's Signature: _____ Date: _____

For Office Use Only (Initial and Date)

Received By

Processed By

Receipt #

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).