



CALIFORNIA STATE UNIVERSITY, MONTEREY BAY

**Extended Ed
& International Programs**

Application for Admission

THE SCIENCE ILLUSTRATION
CERTIFICATE PROGRAM



Application for Admission:
THE SCIENCE ILLUSTRATION CERTIFICATE PROGRAM
 Extended Education- SICP CSU Monterey Bay
 100 Campus Center University Corporation Building (201),
 Suite 201, Second floor Seaside, CA 93955-8001

STUDENT INFORMATION (please print)

Applying for Fall: _____ (year)

First Name (Given Name) _____ Middle Name _____ Legal Family Name (Surname) _____

U.S. Social Security Number _____ Sex Male Female

Have you ever applied to a graduate program at California State University, Monterey Bay Yes No

If yes, have you ever registered as a graduate student at CSUMB? Yes No In which graduate program? _____

Other official name(s) that may appear on transcripts: _____

Current mailing address (Use until: _____)

Street address or P.O. Box _____

city _____ state/province _____ zip/postal code _____ country _____

Current telephone _____ Electronic mail address _____

Permanent address

Street address or P.O. Box _____

city _____ state/province _____ zip/postal code _____ country _____

Permanent telephone _____ Electronic mail address _____

Birthdate _____
day month year

Birthplace _____
city state/province country

Do you expect to be classified as a legal resident of California by the beginning of the program? Yes No

Citizenship: If not a U.S. citizen, what visa type will you have/require at the beginning of the program? _____

Other (please specify): _____

Date Issued: _____ Permanent Resident/Date Issued: _____

Alien Registration Number: _____

Ethnic Survey:		
(This information is useful to us for statistical purposes, but you are not required to provide it.) <input type="checkbox"/>		
American Indian/Alaskan Native (Tribal affiliation) _____	<input type="checkbox"/> Latino/Other Spanish American	<input type="checkbox"/> Vietnamese/Vietnamese American
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Phillipino/Filipino	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Chinese/Chinese American	<input type="checkbox"/> Other Asian
	<input type="checkbox"/> East Indian/Pakistani	<input type="checkbox"/> White/Caucasian
	<input type="checkbox"/> Japanese/Japanese American	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Korean/Korean American	<input type="checkbox"/> Decline to state

Have you taken the GRE General Test? Yes No Date(s) taken _____
Scores, if known: Verbal ____ / ____% Quantitative ____ / ____% Analytical ____ / ____% Written ____ / ____%

Have you taken the GRE Subject Test? Yes No Date(s) taken _____
Subject _____ Score, if known ____ / ____%

What is your first language? _____ If

your first language is not English, have you taken the TOEFL Examination? Yes No
Score, if known _____ Date(s) taken _____

List articles, books, or any other materials published, with dates of publication:

List name, approximate dates, and location of any institution at which you have taught:

Present occupation or position _____

Are you planning to enter a teaching career in an institution of higher education in the U.S.? Yes No

Describe degree of proficiency (reading and speaking) in languages other than your first language _____

List relevant research outside of coursework that you have participated in _____

Which of the following most influenced your decision to apply to this CSUMB graduate program?

- Brochure Undergraduate advisor/instructor Friends
 Web Site College Guide (Online) Other (please list)

If you have contacted members of the CSUMB faculty concerning your plans for graduate study, please indicate the name(s) of the individual(s) and the discipline(s) concerned _____

I hereby apply for admission to the California State University, Monterey Bay **CERTIFICATE PROGRAM IN SCIENCE ILLUSTRATION**, and certify that to the best of my knowledge all of the above statements are correct and complete. I understand that the \$55 application fee is non-refundable, and that the application will not be processed without this fee. I also understand that transcripts and letters of recommendation submitted to the CSUMB Department of Extended Education will not be returned to me, nor will copies be forwarded to any other person or agency.

Signature _____ Date _____

STATEMENT OF PURPOSE

Please describe your plans for study and your professional goals. Include any information that may aid the selection committee in evaluating your preparation and qualifications.