

The Roland Tseng College of Extended Learning California State University, Northridge

Thank you for taking the time to complete this application. The Admissions Committee of the Roland Tseng College of Extended Learning will review your application and inform you of the resolution within 6 to 8 weeks of receipt. Please feel free to contact the College at (818) 677-3911 to learn about the status of your application. The information you provide is considered confidential and will be used in accord with the Family Educational Rights and Privacy Act of 1974.

Legal Name:						
(Last name/First name/MI) Mailing Address: Phone: Fax:						
Fax:						
Social Security Number: Email:						
Current Employer: Gender: Female Male						
Employer's Address:						
EDUCATIONAL BACKGROUND						
List the educational institutions you have attended, including high school:						
FROM TO UNITS DEGREE RECEIVED (M/Y) (M/Y) COMPLETED GPA (M/Y)						

2. 3.	Have you already taken courses in this cert If yes, which one(s) and when?	tificate program? (check one)	Yes	No
	COURSE TAKEN		SEMES	STER/TERM
•	Are you currently enrolled in or have you co certificate program (check one)			No
j.	If so, which one(s)?			
) .	Are you currently enrolled in or have you co Program? (check one)		Yes	No
	If so, which one(s)?			
-	Are you under academic or disciplinary sus or similar action at CSUN or any other colle		Yes	No
).	If yes, please explain:			
1.	OFESSIONAL BACKGROUND			
	Please provide your employment history for	r the last 3 years. List your most	recent emr	Nover first
	MPLOYER	NATURE OF WORK		OM TO

PE	RSONAL STATEMENT			
11.	Please write a brief statement describing your personal and/or professional reasons for seeking admission to this program, as well as describing how you meet the admission criteria listed below (use the backside of this page if necessary)			
DE	CLARATION			
The	e following are criteria for admission into the certificate program in Landscape Design:			
	High school diploma or equivalent			
any cert Univ	ertify that all information submitted in this application is true, complete and accurate. I understand that it misrepresentation will be a cause for denial of admission. I also understand that admission into this tificate program does not constitute admission to the regular academic program of California State iversity, Northridge. Finally, I understand that being admitted to the certificate program does not mear t I am automatically enrolled in courses; I am responsible for registering for each course necessary to applete the program.			
(A-F	te: Certificate must be completed within three (3) consecutive years. All classes must be taken for a letter grade F). Students must earn a minimum grade of 2.0 (C) in each course and a grade point average (GPA) of 2.7 (B-) coss all courses.			
	ave read the above criteria and, by submitting this application, certify my belief that I meet these eria:			
	Signature Date			
Ple	ase submit this application, along with a non-refundable \$25 application fee to:			
	Certificate Program Admissions Programming Development Office College of Extended Learning - 8352 18111 Nordhoff Street Northridge, California 91330-8352			
FC	OR OFFICE USE ONLY:			
Ар	oplication Approved: Date:			

ADDITIONAL INFORMATION