

*College of Business Administration*

# Executive MBA

*“Promoting a New Generation of Leaders”*

Graduate Admission Application

California State University | Stanislaus

14. **Academic Honors** (*scholarships, awards, publications*). \_\_\_\_\_

15. 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 \_\_\_\_\_

16. **Test Scores.** List below standardized U.S. graduate admissions tests taken/scheduled: GMAT, GRE, MAT, TOEFL, TWE, NTE, CBEST, etc. Official test report must be sent to the Graduate Admission Office directly from the testing service. Not all CSU programs require test scores.

Test	Date Taken/Scheduled	Scores Received	Date Score Requested
GRE, General		Verbal _____ % Quant. _____ % Analytical _____ %	
GMAT		Verbal <input type="text"/> <input type="text"/> <input type="text"/> Math <input type="text"/> <input type="text"/> <input type="text"/> Analytical Writing <input type="text"/> <input type="text"/> <input type="text"/>	
Others			

17. **TOEFL.** TOEFL scores are required of applicants who have not studied full time for at least three years in environments where English is the language of instruction.

Test	Date Taken/Scheduled	Scores Received
TOEFL (paper version)		
TOEFL (computer version)		
TOEFL Internet (iBT) taken September 2005 or later		

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 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 that these individuals 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 that is pertinent to the objective specified. Attach an additional sheet if necessary. You may also attach a resumé 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 \_\_\_\_\_



Application for Graduate Admission 2010-2011

Attach \$55 (U.S.) application fee payable to The California State University. The fee is non-refundable and may not be transferred to another term. Please print responses in black ink. Response to each item is mandatory unless otherwise indicated.

1. This is an application for admission to CSU Stanislaus
Name of Campus
Main Campus
Off-Campus Center

Check one term only and send to the campus listed.
Summer Quarter or Semester 2009
Winter Quarter (or term) January 2010
Fall Quarter or Semester 2009
Spring Quarter or Semester 2010

2. Social Security Number
(Your Social Security number [SSN] is used internally for federal reporting purposes. No public usage of SSN is permitted.)

3. If you have previously applied to or attended this campus, please list:
Term of Application
Last Term Attended

4. Legal Name
Last Name
First Name
Middle Name
Suffix (e.g., Jr., Sr.)

5. Other Name(s) that may appear on your academic records
Last Name
First Name
Middle Name

6a. Current Mailing Address
Street Number
Street Name
Apartment
City
State/Province
Zip Code

Country, if not USA
International Postal Code

6b. Permanent Address if different from current address as indicated above
Street Number
Street Name
Apartment
City
State
Zip Code

7a. Home Telephone
Area Code
Number
7b. Fax
Area Code
Number

7c. Daytime/Message #
Area Code
Number
7d. E-mail

8. Birthdate
Month
Day
Year
9. Sex (enter M or F)

10a. Specify master's/doctoral/major/program objective for which you are applying
Code 5011
(See pages 5-11)

Indicate any option, emphasis, or concentration within this field

10b. What is your initial degree objective? Enter code in box: 7
0 - None 2 - BA 3 - BS 5 - MA 6 - MS 7 - Other master's 8 - Doctoral degree 9 - Other (specify)





26. Total annual family income and family size (optional). Under federal regulations, you are considered a dependent student if you are under 24 years of age unless you are a graduate student, are married or have dependents other than a spouse, are an orphan/ward of the court, or are a veteran or active-duty member of the U.S. armed services.

**If dependent**, estimate parents' 2008 total annual income (taxed and untaxed) and enter code in box; and indicate family size including your parents, yourself, and other dependents. **If independent**, estimate the total annual income (taxed and untaxed) for you (and your spouse if married) and enter code in box; and indicate your family size including yourself, spouse, and other dependents.

**Dependent Students Only:** Estimate Total Annual Family Income (enter code in box):  Family Size   
**1** – Less than \$24,000    **3** – \$36,000 to \$47,999    **5** – \$60,000 to \$71,999    **7** – I cannot estimate my parents' income  
**2** – \$24,000 to \$35,999    **4** – \$48,000 to \$59,999    **6** – \$72,000 or more

**Independent Students Only:** Estimate Total Annual Income (enter code in box):  Family Size   
**1** – Less than \$6,000    **3** – \$12,000 to \$23,999    **5** – \$36,000 to \$47,999    **7** – \$60,000 or more  
**2** – \$6,000 to \$11,999    **4** – \$24,000 to \$35,999    **6** – \$48,000 to \$59,999    **8** – I cannot estimate my income

27. What are your parents' highest levels of formal education? (optional) Enter code in box for: Mother  and Father   
**1** – No High School    **3** – High School Graduate    **5** – 2-Year College Graduate    **7** – Postgraduate  
**2** – Some High School    **4** – Some College    **6** – 4-Year College Graduate

28. **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 that I have provided complete and accurate responses to all 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 this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided to obtain other information necessary for my application for admission and any application for administration of financial aid and in connection with any perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, 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 residence 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.

**Fee Refund Policy** — Fees may be refunded only as authorized by Section 41802 of Title 5, California Code of Regulations. Details concerning the fees that may be refunded, the circumstances under which they may be refunded, and the appropriate procedure to follow in seeking a refund may be obtained from the office of admission and records on each campus.

**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 of the CSU campuses pursuant to Section 41201, Title 5, California Code of Regulations. The 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	<input type="text"/>
Date	<input type="text"/>
Fee Status	<input type="text"/> By <input type="text"/>
Data Entry	<input type="text"/> By <input type="text"/>
Date	<input type="text"/>
Previous Student File Number	<input type="text"/>

16c. **What is your race?** (Mark one or as many races below as appropriate for you.)

(All graduate applicants must respond to Question 16c. If you select "Decline to State," then you cannot choose any other boxes.) The U.S. Census identifies the following races: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. These racial categories, as well as many sub-categories, are listed below. You may mark as many races as are appropriate to you. Please mark only one sub-category for each race that you select.

WHITE:  (\*)

- European
- Middle Easterner
- North African
- Other White \_\_\_\_\_  
*Please specify*

BLACK or AFRICAN AMERICAN:  (\*)

- African American
- Black
- Haitian
- Other African/Black \_\_\_\_\_  
*Please specify*

AMERICAN INDIAN or ALASKA NATIVE:  (\*)

- Achomawi/Achumawi
- Cahto (e.g., Cahto Indian Tribe of the Laytonville)
- Cahuilla (e.g., Agua Caliente Band of Cahuilla Indians)
- Chemehuevi (e.g., Chemehuevi Indian Tribe of the Chemehuevi Reservation, California)
- Chumash (e.g., Santa Ynez Band of Chumash Mission)
- Costanoan/Ohlone
- Cupeno (e.g., Los Coyotes Band of Cahuilla & Cupeno)
- Gabrielino/Tongva
- Hupa/Hoopa (e.g., Hoopa Valley Tribe, California)
- Karuk (e.g., Karuk Tribe of California)
- Kumeyaay (e.g., Ewiiapaayp Band of Kumeyaay)
- Luiseno (e.g., La Jolla Band of Luiseno Mission)
- Maidu (e.g., Enterprise Rancheria of Maidu Indians)
- Miwok (e.g., Lone Band of Miwok Indians)
- Mojave (e.g., Fort Mojave Indian Tribe of Arizona)
- Ohlone
- Paiute (e.g., Fort Independence Indian Community of Paiute Indians of the Fort)
- Pomo (e.g., Coyote Valley Band of Pomo Indians)
- Quechan (e.g., Quechan Tribe of the Fort Yuma Indians)
- Serrano (e.g., San Manuel Band of Serrano Mission)
- Shoshone (e.g., Paiute-Shoshone Indians of the Bishop Community of the Bishop Colony)
- Tolowa
- Wappo
- Washoe
- Western Mono (e.g., Big Sandy Rancheria of Mono Indians)
- Wintun (e.g., Cachil DeHe Band of Wintun Indians of the Colusa Indian Community)
- Wiyot (e.g., Wiyot Tribe, California/formerly the Table Bluff Reservation - Wiyot Tribe)
- Yokuts
- Yuki
- Yurok (e.g., Yurok Tribe of the Yurok Reservation)
- Latin American Indian
- Other American Indian Tribes \_\_\_\_\_  
*Please specify*
- Other Alaska Native Tribes \_\_\_\_\_  
*Please specify*

\*(Please select the ONE sub-category that best describes your background.)

ASIAN:  (\*)

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian               | <input type="checkbox"/> Indo Chinese | <input type="checkbox"/> Nepalese    |
| <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Indonesian   | <input type="checkbox"/> Okinawan    |
| <input type="checkbox"/> Bhutanese                  | <input type="checkbox"/> Iwo Jiman    | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> Burmese                    | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Cambodian                  | <input type="checkbox"/> Korean       | <input type="checkbox"/> Sri Lankan  |
| <input type="checkbox"/> Chinese (except Taiwanese) | <input type="checkbox"/> Laotian      | <input type="checkbox"/> Taiwanese   |
| <input type="checkbox"/> Filipino                   | <input type="checkbox"/> Malaysian    | <input type="checkbox"/> Thai        |
| <input type="checkbox"/> Hmong                      | <input type="checkbox"/> Maldivian    | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Other Asian _____          |                                       |                                      |

*Please specify*

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER:  (\*)

- |  |   |
|--|---|
| <input type="checkbox"/> Carolinian            | <input type="checkbox"/> Saipanese                    |
| <input type="checkbox"/> Chuukese              | <input type="checkbox"/> Samoan                       |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Solomon Islander             |
| <input type="checkbox"/> Guamanian or Chomorro | <input type="checkbox"/> Tahitian                     |
| <input type="checkbox"/> I-Kiribati            | <input type="checkbox"/> Tokelauan                    |
| <input type="checkbox"/> Kosraean              | <input type="checkbox"/> Tongan                       |
| <input type="checkbox"/> Mariana Islander      | <input type="checkbox"/> Yapese                       |
| <input type="checkbox"/> Marshallese           | <input type="checkbox"/> Other Melanesian             |
| <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> Other Micronesian            |
| <input type="checkbox"/> Ni-Vanuatu            | <input type="checkbox"/> Other Polynesian             |
| <input type="checkbox"/> Palauan               | <input type="checkbox"/> Other Pacific Islander _____ |
| <input type="checkbox"/> Papua New Guinean     |   |
| <input type="checkbox"/> Pohnpeian             |   |

*Please specify*

DECLINE TO STATE

\*(Please select the ONE sub-category that best describes your background.)

16d. **If the California State University is asked to report only ONE summary race/ethnicity description for you, please choose the ONE category below that you want us to report.**

*(All graduate applicants must respond to Question 16d. Please check only ONE box.)*

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Two or more races/ethnicities             |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Decline to State                          |

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

Name and Location of Institution	State	Enrolled				Number of Transferable Units Completed		Degree Received	Date (to be) Received								
		From		To		Sem. Units	Qtr. Units		Mo.	Yr.							
		Mo.	Yr.	Mo.	Yr.												
		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
		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
<b>TOTAL</b>																	

18a. 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.

Name and Location of Institution	Term/Year (FA/WT/SP/SU)	Department Course Number and Title	Unit Value
	F A 2 0 0 8		
	Y Y Y Y		
	Y Y Y Y		
	Y Y Y Y		
	Y Y Y Y		
	Y Y Y Y		
<b>TOTAL UNITS IN PROGRESS OR PLANNED</b>			

18b. Do you have an RN (registered nurse) license? Yes  No

**Your responses to the following 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.**

19. List places you lived **before** your present stay in California began.

From Date	To Date	State or Country	Parent
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 item 26.
22. If you claim California residency, when did your present stay begin?
24. Have you lived in California continuously since birth? Yes  No
- 25a. Are you claimed as a dependent on the military record of any active-duty member of the U.S. armed forces? Yes  No
- 25b. If you have ever been on active duty in the U.S. military services, enter a Y in box

For more information please contact:

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Or use our online "Contact Us" form to receive specific information  
about the Executive MBA degree program.

<http://csustanemba.com>



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