



M.A. in SPANISH (Special Sessions) APPLICATION

Attach check or money order here.

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

1. Please indicate semester/year for which you are applying:

Summer 20_____

For Office Use Only

Rec.

Date

Fee Status By: _____

2. Social Security Number

3. If you have previously applied to or attended this campus, please list:

Date of application _____ Last term attended _____
Term Year Term Year

Previous student file no. (if different than SSN) _____

4. Legal name
Last name (comma) First name Middle

5. Other name(s) that may appear on your academic records

Last name (comma) First name Middle

6a. Current mailing address

Street number Street name Apartment

City State Zip Code

6b. Permanent address if different from current address

Street number Street name Apartment

City State Zip Code

7a. Home telephone
Area Code Number

7b. Daytime phone or message number
Area Code Number

8. Birthdate
Month Day Year

9. Sex (enter M or F)

Use of Social Security Number — Sonoma State University uses the social security number as the identifier for student records maintained in your association with the campus and, if needed, to help collect debts owed the university. Applicants are required to include their social security number in designated places on applications for admission pursuant to authority contained in Title 5, California Code of Regulations, Section 41201.

If you do not have a social security number at the time you file the application, leave the item blank; the campus will assign a substitute number.

10. What was your baccalaureate major? _____

11. Are you eligible to reenroll at all institutions previously attended? Yes No
 If not, attach an explanation and name any institution you are ineligible to reenter.

12. Print the names and locations of all colleges and universities attended, even if no coursework was completed. Begin with the last institution attended. Attach a separate sheet if you need more space. For units in progress and planned, see item 13.

All Institutions		Enrolled				# of Transferable Units Completed		Degree Received	Date (to be) Received		Fee Status	For office use only
School Name	Location	From Mo.	From Yr.	To Mo.	To Yr.	Sem.	Quar.		Mo.	Yr.	Res/Non*	

Please send TWO (2) OFFICIAL TRANSCRIPTS showing the most recent 60 semester units you have attempted, as well as award of the bachelor's degree (include Summer and Extension transcripts) to: SSU, School of Extended Education, ATTN: Barbara Brooks, 1801 E. Cotati Ave., Rohnert Park, CA 94928 **Also required: Four (4) copies of a written Statement of Purpose as related to the Spanish M.A. program (written in Spanish, maximum 500 words) and one (1) copy of an oral description of the applicant's experience as a learner/speaker of Spanish (as spoken by the applicant, in Spanish, maximum 4 minutes; cassette tape or CD [.mp3, Quick Time, Audacity formats only]).**

13. List below college courses in which you are currently enrolled and additional courses you plan to complete (including summer school) before entering the program. Attach a separate sheet if more space is needed.

Courses in Progress				Courses Planned			
Institution	Term/Year	Dept. Course No. and Title	Unit Value	Institution	Term/Year	Dept. Course No. and Title	Unit Value
Total Units in Progress				Total Units Planned			

14. List any professional experience relevant to the Spanish M.A. program: *(attach additional pages if necessary)*

15. List any awards or honors relevant to the Spanish M.A. program: *(attach additional pages if necessary)*

16. If you expect to be employed while enrolled, indicate whether employment will be full-time or part-time by checking the appropriate space: Full time Part time

17. Financial Status: Indicate anticipated sources of financial support while enrolled in the program: (Check all that apply)
- I will not require financial assistance of any kind I will receive full subsidy from my employer
 I expect to utilize my veteran's educational entitlement I will receive partial subsidy from my employer
 I will (or expect to) receive financial assistance in the form of: _____

If you wish to apply for financial assistance, contact the Financial Aid Office at (707)664-2389 for an application form or check the Financial Aid Website: www.sonoma.edu/FinAid/

18. Permanent residence. _____
 If you live in California, list county of residence _____
 If you live outside of California, list other U.S. state or country _____

19. Country of citizenship (all must answer) _____
- Enter your citizenship code in box
- Y - U.S. citizen
 I - Immigrant I-551 ("green card") Date issued: _____ (You must provide the date issued and be prepared to verify.)
- O - Other visa (specify) _____ Date issued: _____
 R - Refugee F - F visa (student) J - J visa N - None of the above

20. Enter your ethnic identity code in box (optional)
- | | | |
|---|---------------------------|----------------------------|
| 1 - American Indian or Alaskan native; tribe _____ | J - Japanese | G - Guamanian |
| 2 - Black, non-Hispanic, including African-American | K - Korean | H - Hawaiian |
| 3 - Mexican-American, Mexican, Chicano | R - Asian Indian | N - Samoan |
| A - Central American | 5 - Other Asian | 6 - Other Pacific Islander |
| B - South American | M - Cambodian | 7 - White |
| Q - Cuban | L - Laotian | F - Filipino |
| P - Puerto Rican | V - Vietnamese | 8 - Other |
| 4 - Other Latino, Spanish-origin, Hispanic | T - Thai | 9 - No response |
| C - Chinese | S - Other Southeast Asian | D - Decline to state |

21. If you have been on active duty in the U.S. military services, enter a Y in box
 Attach a copy of DD214 or DD295 for evaluation of credit.
22. If you have a physical, perceptual, psychological or learning disability, enter a Y in the box (optional)
 Special services may be available to accommodate your disability.

23. High School attended _____
- City and State _____
- Graduation or GED date
Month Year

For office use only:

Accom. status

Enroll. status

Res. status

Country of citizenship

Perm. res.

CC trans.

Degree held

Inst. of origin

Trans. units in progress

Miscellaneous:

24. Certification—to be read and signed by all applicants to certify the accuracy of the information provided.

I certify under penalty of perjury, or after first being duly sworn, that I have provided complete and accurate responses to the items on this application. I further certify (swear) all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with my application to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission

Applicant's Signature _____ **Date** _____

E-mail address _____

Mail completed application and registration fee to:
 Sonoma State University, School of Extended Education, ATTN: Barbara Brooks 1801 E. Cotati Ave., Rohnert Park, CA 94928-3609