

**D. APPLICATION FORM FOR EXTENDED EDUCATION MSPA PROGRAM**  
**Starting Date Saturday, January 9, 2010; LASD Learning Center, Whittier Campus**  
**Application Deadline: December 1, 2009**

Please TYPE or PRINT

Date \_\_\_\_\_

\_\_\_\_\_  
**Last Name** **First Name** **Middle Initial**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, and Zip Code**

\_\_\_\_\_  
**Email Address**

**Tel. Work** \_\_\_\_\_ **Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Academic Education**

List all universities and colleges that you have attended. Send **one** official transcript from each of the institutions that you have attended to **each** of the following addresses.

California State University, Los Angeles  
 Office of Admissions  
 Attn: Transcript Enclosed  
 5151 State University Drive  
 Los Angeles, CA 90032-8530

California State University, Los Angeles  
 Division of Extended Education  
 Attn. MSPA Coordinator  
 5151 State University Drive  
 Los Angeles, CA 90032-8619

<b>Degree Earned</b>	<b>University or College (city &amp; state only)</b>	<b>Major</b>	<b>Date Conferred (month/year)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment**

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

Title or position \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Hrs/per week \_\_\_\_\_

How did you hear about the Extended Education MSPA program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and initial below.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Initial  I understand that this application, and documents submitted herein are confidential and become part of the Division of Extended Education, California State University Los Angeles. Review of the contents is subject to expressed authorization as noted. If Division admission is denied, this application and supporting documents will be properly discarded one calendar year from application term/quarter.