



California State University, Los Angeles
College of Professional and Global Education
 5151 State University Drive, Los Angeles, CA 90032-8619

SPANISH/ENGLISH MEDICAL INTERPRETING CERTIFICATE PROGRAM
APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Legal Name: Mr./Mrs./Ms. _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone: Cell: _____ Other : _____

Birth Date: _____ **Email Address:** _____

Name(s) different from above that may appear on academic records: _____
Last First Middle

EDUCATION

High School _____ Year Completed _____ G.E.D. _____

City _____ State _____

Vocational Schools _____ Year _____

City _____ State _____

College	City	State	Units Completed	Degree/Year

MOTIVATION

Brief statement of reasons for applying to the Medical Interpreting Program

PRIOR EXPERIENCE

Experience in Medical Interpreting relevant to your goals

Employer and/or context	Nature of Work or other activity	Dates

How did you hear about the program? _____

APPLICATION DETAILS

Start-term: _____. Date you passed Screening Test: _____. Admission per: ____ transcripts OR ____ letters

- Note:**
- Transcripts: you must obtain an **official** transcript; however, we will accept a color scan of it, in pdf file format, attached to email. Thus, you can keep the original or you can supply the original.
 - Letters of recommendation must be on official stationery, in a sealed envelope signed by the author across the seal.

Mail to: MIP Coordinator, PaGE, GE-211, Cal State L.A., 5151 State University Drive, Los Angeles, CA 90032-8619