

DEPARTMENT OF POLITICAL SCIENCE

MASTER'S PROGRAM APPLICATION

CHECK ONE TERM ONLY

FALL SEMESTER: _____ SPRING SEMESTER: _____ YEAR: _____

I. PERSONAL INFORMATION

NAME: _____
(LAST) (FIRST) (MI.)

HOME ADDRESS: _____
(STREET) (CITY) (ZIP)

CSULB I.D. NO: _____

EMAIL: _____

PHONE: _____

II. CURRENT PROFESSIONAL POSITION

ORGANIZATION: _____ TITLE: _____

DEPARTMENT: _____

BUSINESS PHONE: _____ EMAIL: _____

BUSINESS ADDRESS: _____
(STREET) (CITY) (ZIP)

III. EDUCATION/EARNED DEGREES

DEGREE	MAJOR	INSTITUTION GRANTING DEGREE	ESTIMATED OVERALL GPA	ESTIMATED GPA IN POLITICAL SCIENCE COURSES	ATTENDANCE FROM-TO	DATE OF DEGREE

OTHER COLLEGES AND UNIVERSITIES ATTENDED

MAJOR	INSTITUTION	ATTENDANCE FROM-TO

IV. REFERENCES:

List the names of two persons, preferably faculty members, who can vouch for your likely success as a graduate student in Political Science.

NAME	ADDRESS	POSITION

- V. EDUCATIONAL/PERSONAL:** When prompted, include a one or two page statement concerning your motivation and plans for pursuing a Master's Degree in Political Science at California State University, Long Beach.

VI. WORK EXPERIENCE: List Employment Experience (Last or Current Position First)

DATES	JOB TITLE	EMPLOYER

VII. ACADEMIC HONORS (Scholarships, Awards, Publications):
