

Submit completed form to--graduateadmissions@csumb.edu

Last Name:	First Name:		_	Middle Initial:		
CSUMB Otter ID:	Stude	Student ID#:		Date of Birth: DD/MM/YYYY		
Current Mailing Address:		Street	City	State Zip		
Permanent Address:			City			
		Street	City	State Zip		
Phone Number: ()		Email:				
Name of last institution att	ended :					
Please indicate the semeste	er and year to which yo	u are applying fo	or admission: Fall	Spring		
Please indicate your state of legal residency below: (check one)			Year	Year		
🗆 Arizona 🛛 🗆 Alaska	a 🛛 🗆 Colorado	□ Hawaii	□ Idaho	□ Montana	□ Nevada	
□ New Mexico □ N. Dak	ota 🛛 🗆 S. Dakota	Oregon	□ Utah	□ Washington	□ Wyoming	
Commonwealth of the	Northern Mariana Isl	ands 🛛 🗆 Feo	derated States of N	licronesia	□ Guam	
Republic of the Marsh	all Islands 🛛 🗆 Repu	blic of Palau				
Indicate the CSUMB progra	m you are applying to:	(check one)				
Environmental Science MS			□ Social Work, MSW			
□ Marine Science, MS			□ School Psychology, EdS			
□ Education, MA			Instructional Science & Technology, MS			
 Identify yourself a You must be a resi Residency is deter Part-time students WRGP students ar establishing Califo 	eet all the admission re s a "WICHE WRGP" app	equirements and licant to be cons e/region for at lon at which you a cicipate in WRGP rnia resident tuit rticipating in the	sidered for the disco east one year before re enrolling for WRG tion. Students canno wRGP program.	ounted rate e applying for admi GP ot accrue time towa	issions as a WRGP student ard	
To maintain WRGP sta	tus– Students must ren	nain in good aca	demic standing.			
BY SIGNING BELOW I AFFIR BAY's GUIDELINES	M THAT ALL STATEMEN	ITS IN THIS DOC	UMENT ARE TRUE A	ND I AGREE TO AB	IDE BY CSU, MONTEREY	
Student's Signature				Date		
For Office Use Only: R	eceived by:		Date:			