

Bachelor of Science in Career and Technical Studies (BSCTS)



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Departmental Application for Admission

Offered through the College of Continuing Education in cooperation with the College of Education

This is an initial departmental application for admission to the Bachelor of Science in Career and Technical Studies (BSCTS). If you decide to enroll in the program, you will be required to complete a California State University application for admission. Admission fees include a \$55 CSU application fee and a \$50 BSCTS application fee. No fees are required at this time.

Name: _____
(Last) (First) (Middle)

Street Address: _____

City, State, Zip: _____

Daytime Telephone Number: _____

Home Telephone Number: _____

Email Address: _____

Have you ever attended Sacramento State before? Yes No

If yes, name while attending Sac State (if different from current name): _____

Do you currently hold a Designated Subjects Credential? Yes No

Industry Sector: _____

How did you hear about us?: _____

Program Preference: Online On Site

Please include the names and addresses of all colleges and universities attended, even if no course work was completed. Begin with the last institution attended. Attach a copy of your transcript for each school attended. Official transcripts are not required for initial advising, but they are required for admission to Sacramento State.

Institution	Address	Enrolled From/To	Units Completed	Degree/Major

The College of Continuing Education at Sacramento State is committed to providing equal opportunity in education. A critical element of our commitment to diversity lies in our ability to collect and assess student demographic data. Your response to the voluntary student demographic information would be very helpful and much appreciated:

Please identify your gender:

- Male Female Other Prefer Not to State

Please identify your age:

- 18-24 years old 25-34 years old 35-44 years old 45-54 years old 55+ years old

Please identify your ethnic origin and/or race:

- White Black or African American Native American or American Indian Asian or Pacific Islander
 Hispanic or Latino Other Prefer not to state

Please identify your highest degree or level of education:

- High School Diploma or GED Some College Associate's Degree
 Bachelor's Degree Master's Degree Professional Degree Doctorate Degree

Students **must** notify coordinator or advisor in writing if there are changes to employment after completing this application (e.g., retirement, changes in career/industry sector). Any employment changes could affect your graduation date.

My signature verifies I have read and agree to all the above requirements.

Signature of Applicant: _____ **Date:** _____

Please return your BSCTS Departmental Application, any unofficial transcripts and a copy of your current resume to:

Sacramento State
College of Continuing Education
ATTN: BSCTS Program
3000 State University Drive
Sacramento, CA 95819

Or you may also submit materials to:
Email: jangj@cce.csus.edu
Fax: 916.278.3685