



Pest Control Adviser Certificate Program Application

Term: _____

First Name: _____ Last Name: _____ M.I. _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Are you a current CSU Channel Islands Student? Yes _____ No _____

If yes, Student ID #: _____

Please write a brief statement of reasons for applying for this Certificate program:

Additional Application Materials:

- Transcripts from every college/university attended (unofficial are acceptable)
- Current resume

Signature _____ Date _____

Submit this form, transcripts & resume to the address below or email documents to our Admissions Specialist: Emma Battles at emma.battles@csuci.edu.

CSU Channel Islands Extended University
Sage Hall 2109
One University Drive
Camarillo, CA 93012
ATTN: Emma Battles