

**CSUN Student ID#:** \_\_\_\_\_  
(complete only if you have a CSUN ID)

**Application for Admission to the Certificate of Advanced Professional Development Program in Mediation and Conflict Resolution**

Thank you for taking the time to complete this application. The Admissions Committee of The Tseng College will review your application and inform you of the decision within 2-4 weeks of receipt. Please feel free to contact us at (818) 677-3332 to learn about the status of your application. The information you provide is confidential and will be used in accord with the Family Educational Rights and Privacy Act of 1974.

**Application for which term?** (example: "Spring, 2010"): \_\_\_\_\_

**How did you INITIALLY hear about this program?**  
\_\_\_\_\_

**Demographic Information**

**Legal Name:** \_\_\_\_\_  
*(Last name / First name / MI)*

**Date:** \_\_\_\_\_ **Gender:** Female \_\_\_ Male \_\_\_ **DOB:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Educational Background**

List the educational institution/s you have attended (University/college and graduate school if applicable):

Institution, City & State	Start date (M/Y)	End date (M/Y)	GPA	Degree earned

Are you currently enrolled in or have you completed another CSUN program? Yes \_\_\_ No \_\_\_

1. If so, which program(s)? \_\_\_\_\_

3. Are you under academic or disciplinary suspension, dismissal, expulsion, or similar action at CSUN or any other college or university? Yes \_\_\_ No \_\_\_

4. If yes, please explain:

**Practicum Placement Preference** (practicum choices may change without notice)

Please rank your practicum placement preferences based on our current practicum providers (XMCR 902):

**First Choice:** \_\_\_\_\_ **Second Choice:** \_\_\_\_\_

(**DRS** – community mediation; **LA Superior Courts** – litigated case mediation)

Subject to your employer's agreement, CIRCLE the weekdays on which you may have flexibility to complete your 24 hour practicum. Understand the more flexibility you have, the more likely you will get one of your top choices.

**Mondays:** \_\_\_\_\_ **Tuesdays:** \_\_\_\_\_ **Wednesdays:** \_\_\_\_\_ **Thursdays:** \_\_\_\_\_ **Fridays:** \_\_\_\_\_

## Professional Background

Please provide your employment history for the last 3 years. List your most recent employer first.

Employer	Title / nature of work	Start date (M/Y)	End date (M/Y)

## Declaration

The following are criteria for admission into the certificate program in Mediation and Conflict Resolution

- ∞ Bachelors degree from an accredited University in any field/discipline
- ∞ Submission of a completed application, including application fee.

**Policies:**

- ∞ All classes must be taken for a letter grade (A-F).
- ∞ Students must earn a minimum grade of 2.0 (C) in each course & a cumulative grade point average (GPA) of 2.7 (B-).
- ∞ Tuition for the full program is due before the cohort starts, failure to pay in full may result in automatic disenrollment.
- ∞ ***I can withdraw from the program without financial or academic penalty if I express my intent to do so in writing (email or regular mail) before the first day of the first class session of the program.***

I have read the above admissions criteria & college policies. By submitting this application, I certify my belief that I meet the admissions criteria and understand the college policies. I certify that all information submitted in this application is true and complete. I understand that any misrepresentation will be a cause for denial of admission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this application, along with a non-refundable \$25 application fee to:

**Mediation and Conflict Resolution Program  
The Tseng College  
18111 Nordhoff Street  
Northridge, California 91330-8352**

## For Office Use Only

Application: Accepted \_\_\_\_\_ Declined: \_\_\_\_\_ Date: \_\_\_\_\_

Name and signature of evaluator: \_\_\_\_\_

## Application Fee Payment

\$25.00 Application fee (Credit Card or Check):

Visa / Master Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Check No \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Are you expecting partial or full reimbursement from your employer for this program? Yes \_\_\_\_\_ No \_\_\_\_\_