



Attach \$55 (U.S.) application fee payable to The California State University and send it to the admission office of the campus where you are applying (see campus address on the last page). The fee is non-refundable and may not be transferred to another term. Please print responses in black ink. Response to each item is mandatory unless otherwise indicated. Please read important information at www.calstate.edu/apply before filling out this form.

Section A (Enrollment/Application Information)

(Do not send this form to the Chancellor's Office.)

- 1. This is an application for admission to [Name of Campus] (Submit this application to the CSU campus indicated above.) [Main Campus] [Off-Campus Center]
Check one term only
[Summer Quarter or Semester 2017] [Fall Quarter or Semester 2017]
[Winter Quarter (or term) January 2018] [Spring Quarter or Semester 2018]

- 2. If you have previously applied to or attended this campus, please list:
Term of Application [Term] [Year] Last Term Attended [Term] [Year]

- 3. Legal Name [Last Name] [Suffix (e.g., Jr., Sr.)]
[First Name] [Middle Name]

- 4. Other Name(s) that may appear on your academic records
[Last Name] [First Name] [Middle Name]

- 5. Current Mailing Address
[Street Number] [Street Name] [Apartment]
[City] [State/Province] [Zip Code]
Country, if not USA [International Postal Code]

- 6. Permanent Address (if different from current as indicated above)
[Street Number] [Street Name] [Apartment]
[City] [State] [Zip Code]

- 7. Permanent Residence (if you live in California, list county of residence)
If you live outside of California, list other U.S. state or territory.
OR Country of residence:

- 8. Primary Telephone [Area Code] [Number]
9. Cell Phone [Area Code] [Number]

- 10. Fax Number [Area Code] [Number]

- 11. E-mail

(E-mail is a primary means of communication with applicants. CSU campuses will send important messages to you using the e-mail address that you list on this application. It is your responsibility to check this e-mail account regularly and read your messages from the CSU. Be sure to notify the campus(es) if this e-mail address changes.)

**Section B** (Personal/Applicant Information)

12. **Birthdate**

M	M	D	D	Y	Y	Y	Y
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Month Day Year

13. **Social Security Number**

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(Your Social Security Number [SSN] is used internally for Federal reporting purposes. No public usage of SSN is permitted.)

Please refer to the section at the end of this PDF application for more information regarding SSN and Deferred Action for Childhood Arrivals (DACA).

14. **Country of Citizenship** *(All must answer)*

15. **Citizenship** *(Select one of the codes below and enter in box. All must answer.)*

**Y** – U.S. Citizen    **R** – Refugee/Asylee    **F** – F Visa (student)    **J** – J Visa    **N** – None of the above

**I** – Immigrant I-551 (“green card”) Date Issued 

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(Provide the date issued and be prepared to submit verification.)  
Month Day Year

**O** – Other Visa (specify) 

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 Date Issued 

M	M	D	D	Y	Y	Y	Y
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Month Day Year

16. **If you were born outside the U.S., what year did you or will you move to the U.S.?**

Y	Y	Y	Y
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Year

**Section C** (California State Residency Information)

Your responses to the following questions are required to make a preliminary assessment of your residency status for admission and tuition purposes. The campus may request additional information prior to making a final residency determination.

17. **What U.S. state do you regard as your permanent home?**

18. **Do you claim California residency?** Yes  No

19. **Have you lived in California continuously since birth?** Yes  No

**If No, when did your present stay in California begin?**

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
Month Day Year

20. **If you currently live in California, but you have lived outside of California in the past, list any places you have lived before your present stay in California began.**

From Date	To Date	U.S. State/Territory or Country of Residence	Parent's Residence
M M Y Y Y Y	M M Y Y Y Y		
M M Y Y Y Y	M M Y Y Y Y		

21. **Place of Birth:** City  U.S. State/Territory   
 Country

22. **Have you attended high school in California for three or more years?** Yes  No

23. **Have you graduated from California high school or have attained a High School Equivalency Certificate issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency Examination?**  
 Yes  No

**Section D** (Demographic Information)

To conform with the new guidelines of the U.S. Federal Office of Management and Budget (<http://www.whitehouse.gov/omb>), the California State University must collect from applicants detailed information about their ethnic and racial backgrounds.

If you select "Yes" in Question 24a, a response to Question 24b is required. Please do not select more than one response in Question 24b as only ONE response is allowed. If you have selected "No" or "Decline to State," do not answer Question 24b.

**Ethnicity**

24a. **In regard to your ethnicity, do you consider yourself Hispanic or Latino?** Yes  No  Decline to State   
 (If "No" or "Decline to State," please go to Question 26.)

24b. **If you indicated Yes on Question 25a (above), please select the ONE category below that best describes your background.**  
 (Do not select more than one.)

- |   |  |
|---|--|
| <input type="checkbox"/> Argentinean          | <input type="checkbox"/> Panamanian  |
| <input type="checkbox"/> Bolivian             | <input type="checkbox"/> Paraguayan  |
| <input type="checkbox"/> Chilean              | <input type="checkbox"/> Peruvian  |
| <input type="checkbox"/> Colombian            | <input type="checkbox"/> Puerto Rican  |
| <input type="checkbox"/> Costa Rican          | <input type="checkbox"/> Salvadorian   |
| <input type="checkbox"/> Cuban                | <input type="checkbox"/> Spaniard  |
| <input type="checkbox"/> Dominican (Republic) | <input type="checkbox"/> Uruguayan   |
| <input type="checkbox"/> Ecuadorian           | <input type="checkbox"/> Venezuelan  |
| <input type="checkbox"/> Guatemalan           | <input type="checkbox"/> Other Central American                                  |
| <input type="checkbox"/> Honduran             | <input type="checkbox"/> Other South American                                    |
| <input type="checkbox"/> Mexican              | <input type="checkbox"/> Other Hispanic or Latino _____<br><i>Please specify</i> |
| <input type="checkbox"/> Nicaraguan           |  |

25. **Race**

(All graduate applicants must respond to Question 26.)

The U.S. Census identifies the following races: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. These racial categories, as well as many sub-categories, are listed below. Mark one or as many races below as appropriate for you. You may mark as many race categories as are appropriate to you. Please mark only one sub-category for each race category that you select. If you select "Decline to State," then you cannot choose any other boxes.

- WHITE**   
 (Please select the ONE sub-category that best describes your background.)
- European
- Middle Easterner
- North African
- Other White \_\_\_\_\_  
*Please specify*

- BLACK or AFRICAN AMERICAN**   
 (Please select the ONE sub-category that best describes your background.)
- African American
- Black
- Haitian
- Other African/Black \_\_\_\_\_  
*Please specify*

**AMERICAN INDIAN or ALASKA NATIVE** 

(Please select the ONE sub-category that best describes your background.)

- Achomawi/Achumawi
- Cahto (e.g., Cahto Indian Tribe of the Laytonville)
- Cahuilla (e.g., Agua Caliente Band of Cahuilla Indians)
- Chemehuevi (e.g., Chemehuevi Indian Tribe of the Chemehuevi Reservation, California)
- Chumash (e.g., Santa Ynez Band of Chumash Mission)
- Costanoan/Ohlone
- Cupeno (e.g., Los Coyotes Band of Cahuilla & Cupeno)
- Gabrielino/Tongva
- Hupa/Hoopa (e.g., Hoopa Valley Tribe, California)
- Karuk (e.g., Karuk Tribe of California)
- Kumeyaay (e.g., Ewiiapaayp Band of Kumeyaay)
- Luiseno (e.g., La Jolla Band of Luiseno Mission)
- Maidu (e.g., Enterprise Rancheria of Maidu Indians)
- Miwok (e.g., Lone Band of Miwok Indians)
- Mojave (e.g., Fort Mojave Indian Tribe of Arizona)
- Ohlone
- Paiute (e.g., Fort Independence Indian Community of Paiute Indians of the Fort)
- Pomo (e.g., Coyote Valley Band of Pomo Indians)
- Quechan (e.g., Quechan Tribe of the Fort Yuma Indians)
- Serrano (e.g., San Manuel Band of Serrano Mission)
- Shoshone (e.g., Paiute-Shoshone Indians of the Bishop Community of the Bishop Colony)
- Tolowa
- Wappo
- Washoe
- Western Mono (e.g., Big Sandy Rancheria of Mono Indians)
- Wintun (e.g., Cachil DeHe Band of Wintun Indians of the Colusa Indian Community)
- Wiyot (e.g., Wiyot Tribe, California/formerly the Table Bluff Reservation - Wiyot Tribe)
- Yokuts
- Yuki
- Yurok (e.g., Yurok Tribe of the Yurok Reservation)
- Latin American Indian

Other American Indian Tribes \_\_\_\_\_  
*Please specify*

Other Alaska Native Tribes \_\_\_\_\_  
*Please specify*

**ASIAN**

(Please select the ONE sub-category that best describes your background.)

- |                                       |  |                                       |                                    |                                      |                                     |
|---------------------------------------|--|---------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian                     | <input type="checkbox"/> Indo Chinese | <input type="checkbox"/> Korean    | <input type="checkbox"/> Nepalese    | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Bangladeshi  | <input type="checkbox"/> Chinese<br>(except Taiwanese) | <input type="checkbox"/> Indonesian   | <input type="checkbox"/> Laotian   | <input type="checkbox"/> Okinawan    | <input type="checkbox"/> Taiwanese  |
| <input type="checkbox"/> Bhutanese    | <input type="checkbox"/> Filipino                      | <input type="checkbox"/> Iwo Jiman    | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Thai       |
| <input type="checkbox"/> Burmese      | <input type="checkbox"/> Hmong                         | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Maldivian | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Vietnamese |

Other Asian \_\_\_\_\_

*Please specify*

**NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

(Please select the ONE sub-category that best describes your background.)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Carolinian            | <input type="checkbox"/> Kosraean         | <input type="checkbox"/> Papua New Guinean | <input type="checkbox"/> Tokelauan         |
| <input type="checkbox"/> Chuukese              | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Pohnpeian         | <input type="checkbox"/> Tongan            |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Marshallese      | <input type="checkbox"/> Saipanese         | <input type="checkbox"/> Yapese            |
| <input type="checkbox"/> Guamanian or Chomorro | <input type="checkbox"/> Native Hawaiian  | <input type="checkbox"/> Samoan            | <input type="checkbox"/> Other Melanesian  |
| <input type="checkbox"/> I-Kiribati            | <input type="checkbox"/> Ni-Vanuatu       | <input type="checkbox"/> Solomon Islander  | <input type="checkbox"/> Other Micronesian |
|  | <input type="checkbox"/> Palauan          | <input type="checkbox"/> Tahitian          | <input type="checkbox"/> Other Polynesian  |

Other Pacific Islander

\_\_\_\_\_

*Please specify*

DECLINE TO STATE

NONE OF THE ABOVE

**26. If the California State University is asked to report only ONE summary race/ethnicity description for you, please choose the ONE category below that you want us to report.**

(All applicants must respond to Question 23. Please check only ONE box.)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Two or more races/ethnicities             |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Decline to State                          |

**27. Legal Sex** (Enter M or F)

Please refer to the end of this PDF application for more information regarding laws pertaining to our questions about legal sex, sexual orientation, gender identity and gender expression.

**28. Do you consider yourself to be? (Optional)**

- |                                    |                                  |                                   |   |   |
|------------------------------------|----------------------------------|-----------------------------------|---|---|
| Lesbian <input type="checkbox"/>   | Gay <input type="checkbox"/>     | Bisexual <input type="checkbox"/> | Queer <input type="checkbox"/>            | Heterosexual or straight <input type="checkbox"/> |
| Pansexual <input type="checkbox"/> | Asexual <input type="checkbox"/> | Not Sure <input type="checkbox"/> | Decline to State <input type="checkbox"/> |   |

Another orientation  \_\_\_\_\_

*Please specify*

**29a. How do you describe yourself (Please select one answer)?**

- |                                |                              |                                      |                                    |  |
|--------------------------------|------------------------------|--------------------------------------|------------------------------------|--|
| Woman <input type="checkbox"/> | Man <input type="checkbox"/> | Trans Woman <input type="checkbox"/> | Trans Man <input type="checkbox"/> | Genderqueer/Gender non-conforming <input type="checkbox"/> |
|--------------------------------|------------------------------|--------------------------------------|------------------------------------|--|

Not Sure  Decline to state  Another identity  \_\_\_\_\_

*Please specify*

**29b. How do you describe the way you express your gender identity in terms of behavior, appearance, speech, and movement? (Please select one answer)?**

- |  |  |                               |                                   |   |
|--|--|-------------------------------|-----------------------------------|---|
| Gender conforming <input type="checkbox"/> | Gender non-conforming <input type="checkbox"/> | Both <input type="checkbox"/> | Not Sure <input type="checkbox"/> | Decline to state <input type="checkbox"/> |
|--|--|-------------------------------|-----------------------------------|---|

Not Listed Above  \_\_\_\_\_

*Please specify*

**Section E (Military Information)**

30. **Have you ever served in the U.S. Military? If YES, please choose your CURRENT status:**

- No     Yes, Active Duty     Yes, National Guardsman     Yes, Reservist     Yes, Veteran

*(If you are or were a member of the U.S. military, submit a copy of your Joint Services Transcript or your Community College of the Air Force transcript for evaluation by the campus admission office.)*

**Please indicate the branch of service for your above stated military status:**

- Army     Navy     Air Force     Marines     Coast Guard

31. **Are you the dependent of a U.S. military servicemember,** including active duty, National Guard, Reserves, or a Veteran discharged from military service?

- No     Active Duty     National Guard     Reserves     Veteran

Please refer to the end of this PDF application for more information regarding laws pertaining to U.S. Military and Veteran status, GI Bill, and resident/non-resident status.

**Section F (Family Education, Income, and Size Information)**

32. **Total Annual Family Income and Family Size** (optional). Under federal regulations, you are considered a dependent student if you are under 24 years unless you are a graduate student, are married or have dependents other than a spouse, are an orphan/ward of the court, or are a veteran or active duty member of the U.S. armed services.

**Independent Students:** Estimate the total annual income for you (and your spouse if married) and enter in box; and indicate your family size including yourself, spouse, and other dependents.

2015 Total Annual Income (Enter in box.) \$  Family Size   
 Number of dependent children living with you in 2015

33. **What are your parents' or guardians' highest levels of formal education? (optional)**

Enter code in box for: Parent/Guardian #1  and Parent/Guardian #2

- 1 – No High School    3 – High School Graduate    5 – 2-Year College Graduate    7 – Postgraduate  
 2 – Some High School    4 – Some College    6 – 4-Year College Graduate

**Section G (Degree Objective/Teacher Credential Information)**

34. **What is your degree objective?** Enter appropriate code in box:

- 0 – None    2 – BA    3 – BS    5 – MA    6 – MS    7 – Other master's (MBA, MFA, MPA, etc.)  
 8 – Doctoral degree    9 – Other (specify) \_\_\_\_\_ (For major code, go to [www.calstate.edu/degrees](http://www.calstate.edu/degrees).)

35. **Specify master's/doctoral/major/program objective for which you are applying** \_\_\_\_\_ Code   
 Indicate any option, emphasis, or concentration within this field \_\_\_\_\_

36. **Teacher or Other Education Credential Objective** (May be in addition to major/program objective)

Enter appropriate code in box:

- N** – Not interested in a credential program    **V** – Already hold a California Education credential and seek to earn an additional credential  
**X** – Planning to apply to a credential program at a later time  
**Y** – Planning to apply to a credential program for this term

Credential Objective Name \_\_\_\_\_ Credential Code (go to [www.calstate.edu/degrees](http://www.calstate.edu/degrees).)

37. **No degree or credential objective: courses for personal or professional growth.** (Please list the graduate-level courses you wish to take.)

38. **Do you have an RN (registered nurse) license prior to enrollment at CSU?** Yes  No

If you are currently studying for and expect to earn the RN before enrolling at CSU, please answer "Yes" to this question and list your license number as "0". If Yes and registered nurse, please provide RN License Number. \_\_\_\_\_



**Section I (Certification)**

41. **CERTIFICATION** — to be read and signed by all applicants to certify the accuracy of the information provided.

I certify under penalty of perjury under the laws of the State of California that I have provided complete and accurate responses to all the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the California State University to release any information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided or to obtain other information necessary for my application for admission and any application for administration of financial aid and in connection with any perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment. I certify that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the facts affecting my residence.

**Signed at**

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City and County

Applicant's Signature

Date

When claiming California residence and completing this form outside California, it must be subscribed and sworn to before a person authorized to administer oaths, such as a notary public.

**Tuition Fee Refund Policy** — Tuition Fees may be refunded only as authorized by Section 41802 of Title 5, California Code of Regulations. Details concerning the fees that may be refunded, the circumstances under which they may be refunded, and the appropriate procedure to be followed in seeking a refund may be obtained from the office of admission and records on each campus.

**Use of the Social Security Number**—

If you do not have a Social Security Number at the time you file the application, you may leave the item blank and the campus will assign a temporary number. However, you should obtain a Social Security Number, unless you are prohibited by law from doing so, and submit it to the university by the time you begin enrollment. Failure to furnish your correct Social Security Number may result in the imposition of a penalty by the Internal Revenue Service.

You are required to include your Social Security Number (or taxpayer identification number) on admission application forms to all CSU campuses pursuant to Section 41201, Title 5, California Code of Regulations. CSU campuses use the Social Security Number to identify your student records maintained in connection with your association with the campus and, if needed, to help collect debts owed the university. Your Social Security Number may be written on your application fee check to facilitate the processing of your fee payment. Also, the Internal Revenue Service requires the university to file information that includes the student's Social Security Number and other information, such as the amount paid for qualified tuition, related expenses, and interest on educational loans. That information is used to help determine whether you, or a person claiming you as a dependent, may take a credit or deduction to reduce federal income taxes.

FOR OFFICE USE ONLY:

<b>Received</b>	<input type="text"/>	
<b>Date</b>	<input type="text"/>	
<b>Fee Status</b>	<input type="text"/>	<b>By</b> _____
<b>Data Entry</b>	<input type="text"/>	<b>By</b> _____
<b>Previous Student File Number</b>	<input type="text"/>	