

Section B (Personal/Applicant Information)

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

11. Birthdate

M	M	D	D	Y	Y	Y	Y
Month		Day		Year			

12. Social Security Number

--	--	--	--	--	--	--	--	--

 13. Statewide Student ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Your Social Security Number [SSN] is used internally for Federal reporting purposes. No public usage of SSN is permitted.) (Optional - For California Residents Only: SSID, if known.)

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
Month		Day		Year			

(Provide the date issued and be prepared to submit verification)

O – Other Visa (specify)

--	--	--	--	--	--	--	--

 Date Issued

M	M	D	D	Y	Y	Y	Y
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
Year			

Section C (California State Residency Information)

Residence Classification Information

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

17a. If YOU ARE less than 19 years old on the Residence Determination Date AND you ARE NOT a foster youth, orphan, or ward of the court, please answer the following questions as they pertain to the parent with whom you most recently resided:

1. What U.S. state/possession does your parent regard as his/her permanent home? _____
2. Does your parent claim California Residency? Yes No
3. Has your parent lived in California continuously since his/her birth? Yes No

If No, when did his/her present stay in California begin?

M	M	D	D	Y	Y	Y	Y
Month		Day		Year			

17b. If YOU ARE 19 years OR OLDER by the Residence Determination Date OR you ARE a foster youth, orphan, or ward of the court, please answer the following questions as they pertain to you:

1. What U.S. state/possession do you regard as your permanent home? _____
2. Do you claim California Residency? Yes No
3. 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			

4. Are you a foster youth, orphan, or ward of the court or were you until age 18? Foster Youth Orphan Ward of the Court

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

19. 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, and the parent/guardian with whom you resided, if any.

From Date	To Date	U.S. State/Territory or Country	Parent or Guardian																																																						
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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>), If you select "Yes" in Question 20a, a response to Question 20b is required. Please do not select more than one response in Question 20b as only ONE response is allowed. If you have selected "No" or "Decline to State," do not answer Question 20b.

Ethnicity

20a. **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 21.)

20b. **If you indicated Yes on Question 20a (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 _____ |
| <input type="checkbox"/> Nicaraguan | <i>Please specify</i> |

21. Race

(All undergraduate applicants must respond to Question 21.)

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 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"/> Indo Chinese | <input type="checkbox"/> Nepalese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Iwo Jiman | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Chinese (except Taiwanese) | <input type="checkbox"/> Laotian | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Maldivian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> 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"/> Saipanese |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Guamanian or Chomorro | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> I-Kiribati | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Other Melanesian |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Micronesian |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Other Polynesian |
| <input type="checkbox"/> Palauan | <input type="checkbox"/> Other Pacific Islander _____ |
| <input type="checkbox"/> Papua New Guinean | |
| <input type="checkbox"/> Pohnpeian | |

Please specify

DECLINE TO STATE

NONE OF THE ABOVE

22. **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 undergraduate applicants must respond to Question 22. 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 |

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

24. **Do you identify as Lesbian, Gay, Bisexual, or Transgender (LGBT)? (Optional)**

Yes No Not Sure Decline to state

25. **What is your gender identity?**

Female Female to male transgender Intersex Male Male to female transgender

Not Sure Other _____ Decline to state

If Other, please specify

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

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 E (Military Information)

26. **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

27. **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

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

(Items 26 and 27 are required of applicants seeking admission to Educational Opportunity Program and/or an application fee waiver.)

28. **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 a foster youth, orphan, or ward of the court, or are a veteran or active duty member of the U.S. armed services. **If dependent**, estimate parents'/guardians' 2014 total annual income and enter in box; and indicate family size including your parents, yourself, and other dependents. **If independent**, 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.

Dependent Students Only: Estimated 2014 Total Annual Family Income (Enter in box.) \$ Family Size

Independent Students Only: Estimated 2014 Total Annual Income (Enter in box.) \$ Family Size

Number of dependent children living with you in 2014.

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

Enter code in box for: Parent/Guardian #1 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)

30. **What is your degree objective?** Enter code in box:
0 – None 2 – BA 3 – BS 4 – Other bachelor's (BM, BFA, etc.) 9 – Other (specify)

31a. **Name of Intended Major** _____ **Major Code**

To find out the application code for your specific major, please go to: www.calstate.edu/degrees

Emphasis/Concentration (if any) _____

31b. Alternative Major (optional) _____ Alternative Major Code

32. **Total college transferable semester units you will have completed at time entry/re-entry in CSU**

Enter appropriate code in box: *(Include units in progress and planned)*

- 0 – No units completed later than the summer following high school graduation
1 – Fewer than 30 semester units 4 – 90 or more semester units
2 – 30-59.5 semester units 5 – Have bachelor's degree or equivalent
3 – 60-89.5 semester units *(Semester units = Quarter units x 2/3)*

33. **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
- 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

Section H (High School and College Attendance)

34. **High School attended**

City and State

Graduation Date City GED Date

Check here if you will neither graduate from high school nor receive a GED.

35. **Print the names and locations of all colleges and universities attended**, even if no course work was completed. Begin with the last institution attended. Attach a separate sheet if you need more space. In units completed, units exclude work in progress or planned. For in progress, see item 36.

All Institutions

College/University Name	State	Enrolled		Term Type S/Q	Number of Units		Cumulative GPA	Degree Received	Degree Date (MM/YYYY)	Fee Status R/NR*
		From Mo./Yr.	To Mo./Yr.		Completed	Attempted				

Total Units

*Attach evidence of nonresident status. (e.g., receipt for payment of nonresident tuition)

36. **List below college courses** in which you are currently enrolled and courses you plan to complete (including summer school) before entering the CSU. Attach a separate sheet if more space is needed.

Courses in Progress/Planned

Name and Location of Institution	Term and Year (FA/WT/SP/SU)	Department Course Number and Title	Unit Value
A N Y C O L L E G E	F A 2 0 1 4	E N G L 1 A C O M P	3

Total Units in Progress or Planned

42. **High School GPA for all approved college prep "a-g" courses taken in 10th, 11th and 12th grades: GPA** . GPA = $\frac{\text{Total Grade Points}}{\text{Total Units}}$ (A=4, B=3, C=2, D=1, F=0)

(Up to a maximum of 8 extra points for UC-approved honors courses taken in the last two years of high school including up to 2 honors courses taken in the 10th grade.)

COURSE WORK OTHER THAN "A-G"
If applicable, please list courses other than "a-g" courses that demonstrate a particular focus or interest of yours (i.e. career-technical education courses or language immersion courses).

Section L (Transfer Information) [Applicants for Transfer Admission]

43. **GPA for all transferable undergraduate college work:** .

44. **Are you eligible to re-enroll at all institutions previously attended?** Yes No

If "No," attach an explanation and name any institution that you are ineligible to re-enter.

45. **Do you have an RN (registered nurse) license?** Yes No

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

For California Community College Students Only

If you are currently attending or have graduated from a California Community College (CCC), please answer the following questions.

The California Community Colleges (CCC) Associate Degree for Transfer (ADT) Program [Click here for more information](#)

IMPORTANT NOTICE: Before you complete the Associate Degree for Transfer (ADT) section below, please review the ADT information criteria at the end of this document to determine if you are eligible for the admission advantages of the ADT program.

The Student Transfer Achievement Reform Act (SB 1440) enabled the California Community Colleges and California State University to collaborate on the creation of Associate in Arts for Transfer (AA-T) degree and Associate in Science for Transfer (AS-T) degree programs.

46a. Are you currently completing or have already earned an AA-T or AS-T degree at a California Community College? Yes No

46b. From which California Community College will you receive this AA-T or AS-T degree? _____

46c. California Community College Student ID Number (CCCID):

46d. Campus Student ID Number:

46e. Which degree program are you pursuing or have you completed at your California Community College? _____

46f. What is your major for this AA-T or AS-T degree? _____

California Community College	Start Date of Attendance	End Date of Attendance	Anticipated or Completed Degree Date	Total Number of Units Completed	Semester or Quarter
ANY COLLEGE CALIFORNIA	MM YYYY	MM YYYY	MM YYYY	00	

47. Have you participated in a transfer guarantee or dual admission program involving your community college and a CSU? Yes No

Which Community College? _____

Which CSU Campus? _____

Which Major? _____

48. **For Transfers** Please list courses completed or in progress that meet the CSU General Education requirements in Oral Communication, Written Communication, Critical Thinking, and Mathematics/Quantitative Reasoning. California Community Colleges usually designate General Education requirements as A1 Oral Communication, A2 Written Communication, A3 Critical Thinking, and B4 Mathematics/Quantitative Reasoning or IGETC 1a, 1b, 1c, and 2. This self-reported information will be verified. Failure to complete GE coursework with minimum C grades will jeopardize offers of admission.

Subjects	Institution	Term (FA/WT/SP/SU)	Department Course Number and Title	Unit	Grade *
Oral Communication		Y Y Y Y			
Written Communication		Y Y Y Y			
Critical Thinking		Y Y Y Y			
Math/Quantitative Reasoning		Y Y Y Y			

* If in progress or planned, enter "I"

Section N (Certification)

53. 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

--	--	--

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— 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.

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.

FOR OFFICE USE ONLY:	
Received	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>
Fee Status	<input style="width: 50%;" type="text"/> By _____
Data Entry	<input style="width: 50%;" type="text"/> By _____
Previous Student File Number	<input style="width: 100%;" type="text"/>