



California State University, Los Angeles International Student Application

FOR OFFICE USE ONLY

Receipt number

Date

Fee status By

(A nonrefundable, nontransferable international money order for \$55 (U.S.) payable to California State University, Los Angeles must accompany this application. Nonrefundable, nontransferable applications received after the deadline for the quarter you have indicated will automatically be changed to the next available quarter.)

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

Parts of the application form will be read by machine so it is very important that you use **black ink** and PRINT IN CAPITAL LETTERS or type within the spaces provided. If you make an error, use correction fluid to completely erase the incorrect response. The following examples demonstrate the correct way to fill out the application form to be correctly read by machine:

Legal Name J O N E S , S U S A N A N N

Last name (comma) First name Middle

Date 1 0 2 5 2 0 0 2

Month Day Year

1. APPLICATION IS FOR: WINTER (Jan) SPRING (Mar) FALL (Sept) YEAR

2. U.S. Social Security Number (if any)

3. **Legal name** as you wish it to appear on your records

Last name Suffix (e.g., Jr., Sr.)

First name Middle name

4. **Other name(s)** that may appear on your records

Last name First name Middle name

5. **Current mailing address**

Street number (space) Street name Apartment

City State ZIP Code

Country, if not USA International Postal Code

6. **Permanent address** if different from above

Street number (space) Street name Apartment

City State ZIP Code

7a. **Home Phone**

Area Code Number

7b. **FAX**

Area Code Number

7c. **Daytime Phone or message #**

Area Code Number

7d. **E-mail**

8a. **Birthdate** (Western calendar)

Month Day Year

8b. **Birthplace** (city and country)

9. **Sex** (Enter M or F in box) Male Female

10a. Have you applied to this campus before? Yes No Term Year

10b. Did you enroll? Yes No

10c. Permanent File Number (PFN) (if any)

11. Proposed major/concentration B.A. B.S. M.A. M.S. M.B.A. M.F.A.

Major:

Financial Information (CONTINUED)

3. If you answered "Sponsor" in question 2 above, indicate your sponsor's name, address, and relationship (if any). Include your name on supporting financial statement sent to our office.

Sponsor name

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Last name

First name

Middle name

Current mailing address

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Street number (space)

Street name

Apartment

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City

State

ZIP Code

Country, if not USA

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International Postal Code

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Relationship

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4. Please indicate the name and address of a relative or close friend in the United States who may inquire about your application.

Relative or close friend name

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Last name

First name

Middle name

Address

--	--

Street number (space)

Street name

Apartment

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City

State

ZIP Code

Home Phone

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

Area Code

Number

Relationship

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IV. General:

List your reasons for seeking transfer to California State University, Los Angeles: _____

V. The California State University expects you to provide complete and accurate responses to the items on this application for admission. Further, the official documents that you submit in support of this application must be authentic, unaltered records that pertain to you. Your signature is your certification of the accuracy and completeness of the information you provide.

I certify under penalty of perjury, or after being duly sworn, that I have provided complete and accurate responses to the items on this application. I further certify (swear) that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with this application to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

Signed at

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City and Country

Applicant's Signature

Date

Print your full name

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Last name

First name

Middle name

Please mail completed application and \$55.00 application processing fee to:
California State University, Los Angeles; Office of University Admissions;
5151 State University Drive; Los Angeles, CA, USA, 90032-8530

Date

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Month Day

Year

(1908-SF) 12/01