Returning Lower Division Student Admission Application

Be Aware:

- This application is for returning undergraduates who left Cal State LA in freshman or sophomore standing, and since leaving the University, has not attended any other school, including Cal State LA Open University.
- If the above does not describe you, please plan to reapply to Cal State LA via the online Cal State Apply Application (www.calstate.edu/apply).

If you are a returning lower division student, please proceed with this Application Form. All questions must be answered accurately. Please print clearly and legibly. Incomplete, or illegible, applications will not be processed.

APPLICATION INFORMATION

Term for which you are apply for (Term/Year): ____________________________

Last Term Attended at Cal State LA (Term/Year): ____________________________

Cal State LA CIN: ____________________________

What was your major when you last attended Cal State LA: ____________________________

Were you academically disqualified from Cal State LA?: Yes* No

*If ‘yes,’ please meet with an advisor from the disqualifying major department to request readmission. An approved Undergraduate Petition for Readmission from Disqualification must also be submitted to the Admissions Office

Are you returning to the same major?: Yes No

If ‘no’, what is your new desired major? ____________________________

Be aware, if you are changing your major to program with Major-Specific Criteria (MSC) for admission, you will be held to those requirements for admission consideration. To see the list of MSC majors, visit www.calstatela.edu/admissions/major-specific-criteria.

If you are not offered admission to the new major, what is your alternate major? ____________________________
CONTACT INFORMATION

Legal Name:

First Name                  Last Name                  Middle Name

Other Names (if any):

First Name                  Last Name                  Middle Name

Mailing Address:

Street Number   Street Name   Apartment/Unit Number

City                County      State  Zip Code

Permanent Address (if different from Mailing address):

Street Number   Street Name   Apartment/Unit Number

City                County      State  Zip Code

Email Address: 

Primary Phone: (XXX) XXX-XXXX    Cellular Phone: (XXX) XXX-XXXX

BIOGRAPHICAL INFORMATION

Date of Birth: MM/DD/YYYY    Social Security Number (if any): XXX-XXX-XXXX

What is your legal sex? (circle one): Male    Female

Do you consider yourself to be? (optional – circle one):

  Lesbian    Gay    Bisexual    Queer    Heterosexual or straight
  Pansexual  Asexual  Not Sure    Decline to state  Another orientation

How do you describe yourself? (optional – circle one):

  Woman    Man    Genderqueer/Gender non-conforming    Trans Woman
  Trans Man  Not Sure    Decline to state  Another identity
How do you describe the way you express your gender identity in terms of behavior, appearance, speech, and movement? (optional – circle one):

- Gender conforming
- Gender non-conforming
- Both
- Not Sure
- Decline to state
- None of the above

**CITIZENSHIP AND RESIDENCY**

**Citizenship Status** (circle one):

- U.S. Citizen
- Permanent U.S. Resident
- Temporary U.S. Resident
- Non Resident
- None

If Visa, what type?: __________________________ Visa/Green Card, issue date: __________________________

If not a U.S. Citizen, what is your Country of Citizenship?: __________________________

**What U.S. State/Possession do you regard as your permanent home?** __________________________ If none, write NONE

**Do you claim California Residency** (circle one)?  Yes  No

**Have you lived in California continuously since birth** (circle one)?  Yes  No

If no, when did your present stay in California begin (MM/DD/YYYY)? __________________________

**ETHNICITY AND RACE**

**Ethnicity:** With regard to your ethnicity, do you consider yourself Hispanic or Latino (circle one below)?

- Yes
- No
- Decline to State

*(If ‘no’ or ‘Decline to state’, skip the question below and go to the Race question)*

- If indicated ‘yes’ to the above question, please circle one category below that best describes your background:

  - Argentinean
  - Bolivian
  - Chilean
  - Colombian
  - Costa Rican
  - Cuban
  - Dominican (Republic)
  - Ecuadorian
  - Guatemalan
  - Honduran
  - Mexican
  - Nicaraguan
  - Panamanian
  - Paraguayan
  - Peruvian
  - Puerto Rican
  - Salvadorian
  - Spaniard
  - Uruguayan
  - Venezuelan
  - Other Central American
  - Other South American
  - Other Hispanic or Latino
Race: Regardless of your answer to the question above, please select below one or more of the following groups in which you consider yourself a member.

- ☐ American Indian or Alaska Native, indicate one Tribe: ________________________________
- ☐ Asian, indicate one specific sub-category: ________________________________
- ☐ Black or African American, and circle one sub-category:
  - African American    Black         Haitian    Other African/Black: ________________________________
- ☐ Native Hawaiian/Pacific Islander, indicate one specific sub-category: ________________________________
- ☐ White, and circle one sub-category:
  - European    Middle Eastern    North African    Other White: ________________________________
- ☐ Decline to State
- ☐ None of the above

Summary: California State University often needs to report ONLY ONE summary race/ethnicity description for a person. Please circle your one reporting preference:

- American Indian or Alaska Native    Asian    Black or African American
- Hispanic or Latino    Native Hawaiian or other Pacific Islander    White
- Two or more races/ethnicities    Decline to state

MILITARY STATUS

Indicate your anticipated U.S. Military Status at time of enrollment.

- ☐ Not a Member of the Military
- ☐ On Active Duty
- ☐ Veteran
- ☐ Member of National Guard
- ☐ Member of Reserve
- ☐ Military Dependent of a (circle one):
  - Active Duty    National Guard    Reserves    Veteran
HOUSEHOLD INCOME AND SIZE INFORMATION

Under federal regulations, you are considered an independent student if you can answer ‘Yes’ to any of the following questions:

- You were born before January 1, 1995?
- Are you currently an active duty member or a veteran of the U.S. Armed Forces?
- As of today, are you married? (Also answer "Yes" if you are separated but not divorced.)
- At the beginning of the 2018-2019 school year, will you be working on a master’s or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)?
- You now have or will you have children or dependents who will receive more than half of their support from you between July 1, 2018 and June 30, 2019?
- Someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?
- At any time since you turned age 13, both your parents were deceased, you were in foster care, or you were a dependent or ward of the court?
- At any time on or after July 1, 2017, did your high school, an emergency shelter, a transitional housing program or homeless youth center determine that you were an unaccompanied youth or were self-supporting and at risk of being homeless?

If you are an independent student:

If you are registered with the California Secretary of State as a domestic partner, your household size must include your partner and your combined legal dependents, and the partner’s income must be included along with your income.

Total size of your household in 2016 (include yourself): ________________
Number of dependent children living with you in 2016: ________________
Adjusted Gross Income (AGI) for 2016: _____________________________
Untaxed income and benefits for 2016: _____________________________

If you are a dependent student:

If your custodial parent/step parent is registered with the California Secretary of State as a domestic partner, the parent’s/step parent’s household must include the partner and the combined dependents, and the partner’s income must be included along with your parent’s/step parent’s income.

Total size of your parents/step parents household in 2016: ______________
Parents’ Adjusted Gross Income (AGI) for 2016: _____________________________
Parents’ untaxed income and benefits for 2016: _____________________________

APPLICATION FEE

Did you receive an application fee waiver for your previous Cal State LA admission application?

☐ No – please submit this completed application with a $55 application fee payment.
☐ Yes – you may submit this application without the fee payment; however if it is determined that the reported information is incorrect, you may be billed later for the application fee.
CERTIFICATION - to be read and authorized by all applicants to certify the accuracy of the information provided.

I certify that I previously attended Cal State LA, and since leaving the University, I have not attended any other schools, including Cal State LA Open University.

Furthermore, 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. I authorize the California State University system to release any submitted test results to all campuses to which I submit an application. My certification verifies 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.

Signature: ___________________________________________ Date: __________________________

HOW TO SUBMIT THIS APPLICATION

Please submit this completed application, and if applicable, the $55 (USD) application fee, to the Cal State LA Office of Admissions and Recruitment by the desired admission term’s application deadline. If paying by check or money order, please make the payment payable to Cal State LA, and write your Cal State LA CIN on the face of the check.

Mail to:                                          Submit in-person to:
Cal State LA Admissions                          Student Services Center – Admissions Office
5151 State University Drive                      Student Affairs Building, Room 101
Los Angeles, CA 90032                             Hours: Mon-Thu, 8:00 am – 6:00 pm; Friday, 8:00 am – 5:00 pm