### California State University, Fresno

**Admission Data Form**

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**Application Received Date**

(FOR OFFICE USE ONLY)

- □ Spring
- □ Fall
- □ Summer

- 20 __ __

**Social Security # __ / __ / __**

**Name**

- Last ______
- First ______
- Middle ______
- Other Names(s) ______

**Address**

- Street ______
- City ______
- State ______
- Zip ______

**Phone # (____) ______ Business/Message # (____) ______**

**Date of Birth**

- Month __ __ __ Year __ __ __

**Sex**

- (M or F)

**U.S. Citizen***

- (Yes or No)

**If answer is “NO”**

**List country of birth**

**High School**

- Attended: ______

**City & State**

**Graduation Date**

- Month __ __ Year __ __

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**Enter class level code at the time of planned enrollment:**

- 0) First-Time Freshman
- 1) Fewer than 30 semester units
- 2) 30-55 ½ semester units
- 3) 56-89 ½ semester units
- 4) 90 or more semester units
- 5) Graduate/post baccalaureate

**Degree Objective:**

- (Applications using this Form will be processed as undeclared majors with no degree objectives.)

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**Colleges and university attended.** Print the names and locations of all colleges attended, even if no course work was completed. Begin with the last institution attended. Attach a separate sheet if you need more space.

<table>
<thead>
<tr>
<th>All institutions</th>
<th>Enrolled From</th>
<th>To</th>
<th>Degree Received</th>
<th>Date (to be) Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Name</td>
<td>Mo.</td>
<td>Yr.</td>
<td>Mo.</td>
<td>Yr.</td>
</tr>
</tbody>
</table>

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**Certification – To be read & signed by all students**

FOR OFFICE USE ONLY

The California State University expects you to provide complete and accurate Responses to the items on this application. Your signature is your certification of the accuracy and completeness of the information you provide.

I certify under penalty of perjury that I have provided complete and accurate responses to the items on this application. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

I certify (swear) 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

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**Applicant’s Signature**

- Date

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Note: All auditors and non U.S. citizens must complete a Residence Questionnaire.

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