

CALIFORNIA STATE UNIVERSITY, FRESNO

ADMISSION DATA FORM

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Application Received Date
(FOR OFFICE USE ONLY)

Spring Fall Summer 20 ____

S	Fresno State employee	<input type="checkbox"/>
H	High School special	<input type="checkbox"/>
A	Auditor only	<input type="checkbox"/>

Social Security # _____ / _____ / _____

Name _____
Last
First
Middle
Other Names(s)

Address _____
Street
City
State
Zip

Phone # (____) _____ Business/Message # (____) _____

Date of Birth	Sex	U.S. Citizen*									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 15px;"></td> <td style="width: 25%; border: 1px solid black; height: 15px;"></td> <td style="width: 25%; border: 1px solid black; height: 15px;"></td> <td style="width: 25%; border: 1px solid black; height: 15px;"></td> </tr> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td></td> </tr> </table>					Month	Day	Year		(M or F)	(Yes or No)	If answer is "NO" List country of birth _____
Month	Day	Year									

High School Attended: _____	City & State _____	Graduation Date				
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; height: 15px;"></td> <td style="width: 50%; border: 1px solid black; height: 15px;"></td> </tr> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Year</td> </tr> </table>			Month	Year
Month	Year					

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
(have bachelor's degree or equivalent)
<i>Semester units = quarter units x 2/3</i> |
|---|---|

Degree Objective: 0
 (Applications using this Form will be processed as undeclared majors with no degree objectives.)

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.

All institutions		Enrolled				Degree Received	Date (to be) Received	
		From		To			Mo.	Yr.
School Name	Location	Mo.	Yr.	Mo.	Yr.	Mo.		

CERTIFICATION – TO BE READ & SIGNED BY ALL STUDENTS

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

FOR OFFICE USE ONLY

Major Code	0 0 0 0 0 0
Accom. Status	A
Enroll. Status	
Res. Status	
Perm. Res.	
CC Trans	
Degree Held	
Inst. Of Origin	

Applicant's Signature

Date