



TEACHER PROFESSIONAL
DEVELOPMENT INSTITUTE

TPDI ADMISSION DATA FORM

Admissions, Records & Evaluations Office

(559) 278-4073

FALL SPRING SUMMER 20____

Name: _____
Last First Middle Other Name(s)

Address: _____
City County State Zip

Phone #: () _____ Message: () _____ E-mail: _____

Social Security #: ____ / ____ / ____ CSU Fresno I.D. #: _____

| | | | | |
|-----------------------|--|--|---|--|
| Date of Birth ____ | Sex <input type="checkbox"/> (M or F) | *CA Resident <input type="checkbox"/> (Yes or No) | *U.S. Citizen <input type="checkbox"/> (Yes or No) | *If answer is "NO" for either, complete Residency Questionnaire on back If "NO" state country _____ |
|-----------------------|--|--|---|--|

Type of baccalaureate degree held: BS BA (Circle one) Major: _____

Name of issuing institution: _____ Date conferred: _____

Dates of attendance: Enrolled from Month/Yr _____ Enrolled to Month/Yr _____

List number of units you plan to enroll in. (Maximum number of units is 5) _____

ETHNIC IDENTITY
Please enter a code in this box:

| | |
|---|----------------------------|
| 1 - American Indian or Alaskan native, tribe _____ | V - Vietnamese |
| 2 - Black, non-Hispanic, including African-American | T - Thai |
| 3 - Mexican-American, Mexican, Chicano | S - Other Southeast Asian |
| A - Central American | G - Guamanian |
| South American | H - Hawaiian |
| Q - Cuban | N - Samoan |
| P - Puerto Rican | 6 - Other Pacific Islander |
| 4 - Other Latino, Spanish-origin, Hispanic | 7 - White |
| C - Chinese | F - Filipino |
| J - Japanese | 8 - Other |
| K - Korean | 9 - No response |
| R - Asian Indian | D - Decline to state |
| 5 - Other Asian | |
| M - Cambodian | |
| L - Laotian | |

For Office Use Only

Major Code

Class Level

Admit Type

Residence Status

Receipt # _____
Date _____
Fee Status _____
By _____

A \$55 **application** fee must be included with application

 _____
Applicant's Signature Date

CSU Residence Questionnaire

(rev. 01/04)

ADDITIONAL INFORMATION IS REQUIRED TO DETERMINE YOUR RESIDENCE STATUS. COMPLETE AND RETURN THIS FORM TO THE CAMPUS OFFICE OF ADMISSIONS AND RECORDS.

The information requested is deemed relevant and necessary to a proper determination of your residence status for tuition purposes pursuant to Education Code Section 68041. Failure to answer all questions may cause you to be classified as a nonresident. You may submit additional information you believe will establish your California residence. Questions about residence regulations should be referred to a campus residence specialist. A summary of the regulations is printed in campus catalogs and in the application for admission booklet. If you disagree with the campus residence determination, you have the right to appeal that decision to the Office of General Counsel, The California State University, 401 Golden Shore, 4th Floor, Long Beach, California 90802-4210 within 120 days from the date of the final residence determination by the campus. Note: You may be requested to furnish documentation in support of your responses.

Name _____ Social Security No. _____
Last Name First Middle
Birth date ____/____/____ Campus _____ Term applying for ____/____/____
Month Day Year Specify Term Year

1. If you will be 19 years of age or older by the residence determination date, check here and Answer 2 through 16 as they pertain to you.
If you will be younger than 19 years of age by the residence determination date, check here and Answer 2 through 16 as they pertain to the natural or adopted parent with whom you most recently resided and whose name and whereabouts you will provide below.

| Residence Determination Dates | | | |
|-------------------------------|--------------|--------------------|--------------|
| Quarter Calendars | | Semester Calendars | |
| Fall..... | September 20 | Fall..... | September 20 |
| Winter..... | January 5 | Winter..... | January 5 |
| Spring..... | April 1 | (Stanislaus only) | |
| | | Spring..... | January 25 |
| | | Summer..... | June 1 |
| CalState TEACH | | | |
| Stage 1..... | September 20 | Stage 3..... | June 1 |
| Stage 2..... | January 5 | Stage 4..... | September 20 |

Name/Relationship _____
Present actual whereabouts _____

2. Citizen Status (check one): (You must be prepared to verify.)
 U.S. Citizen J Visa Immigrant I-551 ("green Card") Refugee F Visa Other Visa _____ None listed

Issue Date of I-551 or Visa
____/____/____
Month Day Year

3. What state do you regard as your permanent home? _____ 4. If California, when did your present stay begin? ____/____/____
Month Day Year

5. Are you claimed as a dependent on the military record of any member of the U.S. armed forces? Yes No If "yes," explain the relationship and answer #6 for the service person.

6. Member or veteran of U.S. armed forces? Yes No Date joined _____ From what state _____ Date separated from active duty, if any _____

Most recent permanent address on military records _____
Stationed _____ From _____ To _____

7. Ever registered to vote? Yes No State _____ Date registered ____/____/____ Last Voted ____/____/____
Month Day Year Month Day Year
State _____ Date registered ____/____/____ Last Voted ____/____/____
Month Day Year Month Day Year

8. Possess driver's license and/ or ID Card? Yes No If yes: State _____ Date issued ____/____/____ State _____ Date issued ____/____/____
Month Day Year Month Day Year

9. Current registration of all vehicles owned or operated in CA State _____ Date issued ____/____/____ State _____ Date Issued ____/____/____
Month Day Year Month Day Year

10. Are all personal effects located in California? Yes No If "no," attach explanation.

11. State where last three state income tax returns filed on total income and year covered by each. State _____ Year _____ State _____ Year _____ State _____ Year _____

12. Purchase date(s) and location(s) of California residence(s) owned Date ____/____/____ Location _____ Date ____/____/____ Location _____
Month Day Year Month Day Year

13. Purchase date(s) and location(s) of other residence(s) owned Date ____/____/____ Location _____ Date ____/____/____ Location _____
Month Day Year Month Day Year

14. Source of financial support for the past year? _____

15. Employed in California in the past year? Yes No Employer(s) _____ From ____/____/____ To ____/____/____
Month Day Year Month Day Year

16. Address shown on current W-2 form _____

Certification – To be read and signed by all applicants to certify the accuracy of the information provided.

I certify under penalty of perjury that the foregoing statements and any other information submitted by me in connection with the determination of my residence are true, complete, and accurate. I certify that so long as I am a student at this institution, I will advise the residence specialist if there is a change in any of the facts upon which the residence determination was made, such as the state of residence and military status of my parent if I am a minor or, if not, changes in any of the above for me or my spouse, if any; changes in the California State University employment status of my spouse, parent, or myself; or changes in my teaching employment or credential status. I authorize release of any information submitted by me in connection with my application for admission and determination of residence to any person, firm, corporation, association or government, whether federal, state, local, or foreign, but only as necessary to verify or explain the information, to obtain pertinent records, or in connection with perjury proceedings.

Signed at _____ City and County _____ Applicant's Signature _____ Date _____



TEACHER PROFESSIONAL DEVELOPMENT INSTITUTE "TPDI"

Nomination and Certification Form

Admissions, Records & Evaluations Office

(559) 278-4073

Academic Year 200 - 200

Instructions to Student: Please complete and sign this form and submit it to your school personnel official or principal. This form must be submitted before the beginning of each fall semester.

Student Name (Please print) SSN#

-Conditions for Participation-

This school district hereby nominates the above teacher to participate in the Teacher Professional Development Institute (TPDI) at California State University, Fresno. We hereby certify that this teacher is fully credentialed, is currently employed by our school/district, and his/her credentials have been verified as a condition of employment.

The teacher nominated is aware that: 1) he or she may enroll for up to 5 units of credit per semester at a reduced rate, 2) a maximum of nine units completed in the TPDI (with program faculty approval) can be applied to a credential, certificate, or degree program, and 3) the nominee is not eligible to receive services from the campus Health Center.

The nominee listed above is aware that he or she is required to submit a California State University TPDI Admissions Data Form and pay the \$55 application fee. However, this nomination form is valid for one academic year (fall through summer) and must be re-submitted before the beginning of each fall term.

Signature of Student Date

-Instructions to School Official-

Please sign this form and mail it in a sealed school or district envelope to: TPDI, Graduate Admissions Office, 5150 N. Maple Avenue JA 57, Fresno, CA 93740-8026.

Name of School:

Printed Name of School (or District) Personnel Official:

Title of Personnel Official: Phone:

Signature of Personnel Official: Date: