

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 border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>					<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 60px;"></td> </tr> </table>		<table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 80px;"></td> </tr> </table>		If answer is "NO" _____
Month Day Year	(M or F)	(Yes or No)	List country of birth						

High School Attended: _____	City & State _____	Graduation Date <table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table>		
		Month Year		

Enter class level code at the time of planned enrollment:

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- | | |
|---------------------------------|---|
| 0) First-Time Freshman | 4) 90 or more semester units |
| 1) Fewer than 30 semester units | 5) Graduate/post baccalaureate |
| 2) 30-55 ½ semester units | (have bachelor's degree or equivalent) |
| 3) 56-89 ½ semester units | <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	
School Name	Location	From	To		Mo.	Yr.
		Mo.	Yr.		Mo.	Yr.

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 Orgin	

Applicant's Signature

Date