



APPLICATION FORM

I. PERSONAL DATA

Please
put your
picture here.

NAME _____
Last First Middle

SOCIAL SECURITY # _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____
Month Day Year City Country

COUNTRY OF CITIZENSHIP _____

HOME PHONE _____ **WORK PHONE** _____

E-MAIL _____ **MOBILE PHONE** _____

MAILING ADDRESS _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ **PHONE #** _____

ADDRESS _____

RELATIONSHIP _____

APPLYING FOR THE TERM BEGINNING

WINTER 20 _____ SPRING 20 _____ SUMMER 20 _____ FALL 20 _____

FIELD OF STUDY ASSOCIATE OF SCIENCE IN HEALTHCARE BUSINESS ADMINISTRATION

ESL

OTHER _____

PLEASE MARK ALL APPLICABLE.

BLACK, NON-HISPANIC

ASIAN / PACIFIC ISLANDER

HISPANIC

AMERICAN INDIAN / ALASKAN NATIVE

WHITE, NON-HISPANIC

RACE / ETHNICITY UNKNOWN

FOR OFFICE USE ONLY

DATE _____
APPLICATION FEE _____
RECEIPT NO. _____
I-20 ISSUED ON _____ **SEVIS #** _____
I.D. NO. _____



APPLICATION FORM

II. EDUCATIONAL BACKGROUND

NAME AND LOCATION OF HIGH SCHOOL, COLLEGE(S), OTHER SCHOOLS ATTENDED.	YEAR	MAJOR	DEGREE

III. PLEASE TELL US ABOUT YOUR DECISION IN CHOOSING CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES.

IV. HOW DID YOU HEAR ABOUT US? PLEASE SPECIFY.

- NEWSPAPER/MAGAZINE
- TELEVISION/RADIO
- REFERRAL
- WEBSITE
- COLLEGE CAREER AND TRANSFER DAY EVENTS
- OTHER

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge. If my application is accepted, I agree to pay the current tuition charges and fees. I also agree to abide by all rules and regulations of the University.

SIGNATURE OF APPLICANT

DATE

THE APPLICATION FEE IS NON-REFUNDABLE.

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL ON THE BASIS OF AGE, SEX, RACE, COLOR, RELIGION, NATIONALITY, ETHIC ORIGIN, OR HANDICAP IN THE ADMISSION OF STUDENTS.