

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Local Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Status / Type:  F-1 Visa Student  J-1 Visa  Other: \_\_\_\_\_ |  Concurrent  Contract for approved Academic Disqualification students

Home Institution: \_\_\_\_\_

**Guidelines for Open University enrollment include the following (as marked):**

Attend International Orientation

Purchase mandatory health insurance

Submit an application for admission for the \_\_\_\_\_ semester by \_\_\_\_\_

Attend American English Institute as a full-time student this semester

Make an appointment with the International Office Immigration Specialist

Enroll in a minimum of 12 units. (of those, 3 units maximum online units). Must enroll in \_\_\_\_\_ more units.

Additional Conditions:

Advising Recommendations:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above-named student has agreed to the conditions listed above. The following registration is approved:

Subject & Course #	Unit(s)	Action	NOTES <small>(for office use only)</small>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Signature: \_\_\_\_\_

Immigration Specialist (DSO), I.P. \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Foreign Student Advisor, International Programs Date \_\_\_\_\_

**International Office**California State University, Fresno • Joyal Administration 256  
5150 North Maple M/S JA56 • Fresno, California 93740-8029Email the completed, signed form to Monica Acosta at [moacosta@csufresno.edu](mailto:moacosta@csufresno.edu) for further instructions. **Registration for Open University begins on the first day of instruction.**