

California State University, Fresno

International Admissions, 256 Joyal Administration Building, M/S JA 56

Fresno, California 93740-8026 U.S.A.

(559) 278-2782 Fax • (559) 278-7011 • Electronic Mail: [intl admissions@csufresno.edu](mailto:intladmissions@csufresno.edu)

INTERNATIONAL APPLICATION

Please type or print clearly. Please complete all sections.

A non-refundable Application Fee of \$70 USD must accompany this application

Personal Information

Name (as on passport):

Full Legal Family/Last Name

First/Given Name

Middle Name

Birthdate (month/day/year):

Gender:

Male

Female

Country of Birth:

City of Birth:

Country of Citizenship:

Country of Nationality:

Current Mailing Address (if US, no P.O.BOX):

Permanent Street Address (in your country):

Address

Address

City State Country Postal

City State Country Postal

Email Address:

Application

Semester applying for (check one term only)

Fall

Spring

Year

Intended Degree:

Undergraduate

Graduate

Exchange

Non-Degree

Intended Major:

Intended Option:

Have you ever applied to California State University, Fresno before?

Yes

No

Have you ever attended California State University, Fresno before?

Yes

No

If yes, ID# used and Name:

If yes, please write the last semester/term you attend:

Educational History

Please complete accurately and completely the instructions for each numbered column below.

Dates of Attendance				Full Name of School	Type of School	Location of School (City, State, & Country)	Name of Certificate/ Degree & Date Earned
Month/Year	Month/Year	Month/Year	Month/Year				
				High School:			
				College:			

CERTIFICATION - to be read and authorized by all applicants to certify the accuracy of the information provided.

I certify under penalty of perjury under the laws of the State of California that I have provided complete and accurate responses to all the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the California State University to release any information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided or to obtain other information necessary for my application for admission and any application for administration of financial aid and in connection with any perjury proceedings. I authorize the California State University system to release any submitted test results to all campuses to which I submit an application. My certification verifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment. I certify 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.

I agree to meet the California State University comprehensive health insurance requirement for the duration of studies/practical training as listed on my I-20 or DS-2019 form.

Signed at _____
Country
Applicant's Signature
Date

Nondiscrimination Policy-- The California State University does not discriminate on the basis of race, color, national origin, sex, physical handicap or sexual orientation in the educational programs or activities it conducts.