California State University, Fresno

International Admissions, Joyal Administration Building, Room 256 5150 N. Maple Ave., M/S JA56, Fresno, California 93740-8026, U.S.A. Phone: 559.278.2782 • Fax: 559.278.7011 • Email: 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 Na	me	Middle Name			
Birthdate (month/day/year):			Female			
Country of Birth:	City of Bi	rth:				
Country of Citizenship:	Country o	Country of Nationality:				
Current Mailing Address (If U.S., no P.O. BOX):	Permanen	Permanent Street Address (in your country):				
Address	Address _	Address				
City State Country Postal	City	State	Country Postal			
Email Address:						
APPLICA	ATION					
Semester applying for (check one term only): Fall _	Spring Y	Year:				
Intended Academic Program: Undergraduate Graduate * Exchange Self-Paying Non-Deg						
* Exchange students must attach home university nomination document.						
Intended Major: Intended Option:						
Have you ever applied to California State University, Fresno be	fore?	Yes	No			
Have you ever attended California State University, Fresno before	ore?	Yes	No			
If yes, please provide the ID# and Name used:						
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			nce	Full Name of School	Type of School	Location of School (City, State, & Country)	Name of Certificate/ Degree & Date Earned
Mont	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.