

CALIFORNIA STATE UNIVERSITY, CHICO

Graduate Application for Admission

Please read information/instructions on back carefully.

For Office Use Only

Fee Status ____ by ____

Res. Status ____ by ____

A \$55 nonrefundable check/money order or Fee Waiver Form must accompany this application.

| | | | | | | |
|---|--|---|---|--|--|--|
| Semester/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ | Have you applied to this campus before? (As an undergraduate or graduate?) Yes <input type="checkbox"/> No <input type="checkbox"/> Term _____ Year _____ | Did you enroll? Yes <input type="checkbox"/> No <input type="checkbox"/> | Social Security Number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | |
| | | | | | | |

| | | | |
|---|-------------------------|------------------|-------------------|
| Legal name as you wish it to appear on your records | Last name (comma) _____ | First name _____ | Middle name _____ |
|---|-------------------------|------------------|-------------------|

| | |
|---|-------|
| Other name(s) that may appear on your records | _____ |
|---|-------|

| | | | |
|-----------------|---------------------|-------------------|-----------------|
| Mailing address | Street number _____ | Street name _____ | Apartment _____ |
|-----------------|---------------------|-------------------|-----------------|

| | | | |
|------------|-------------|----------------|---------------------------------------|
| City _____ | State _____ | Zip code _____ | County (or Country if not U.S.) _____ |
|------------|-------------|----------------|---------------------------------------|

Permanent address if different from above

| | | |
|--------------------------|--|--|
| Home phone () _____ | Birth Date ____/____/____ Mo. Day Yr. | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Business phone () _____ | Birthplace _____ | E-mail: _____ |

Degree Objective:

- Master's: MA MS Major **AND** option or emphasis (from table on back): _____
 Credential Objective: Single Subject Multiple Subject Service/Specialist
 Other: _____

| | | | |
|--|--|---|--|
| Citizenship status (Enter proper code in box) | Country of Citizenship: | Alien Registration Receipt Card or I-94 Number: | Have you ever been convicted of a felony? |
| Y - United States citizen F - Non-U.S. citizen, F visa J - Non-U.S. citizen, J visa I - Non-U.S. citizen, immigrant (I-551 needed) R - Refugee O - Non-U.S. citizen, other visa _____ | <input type="checkbox"/> USA <input type="checkbox"/> Non-USA Country of _____ | Date Issued: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | | |
|--|--|---|--|---|--|
| Ethnic identity (optional). Please enter a code in box: | HISPANIC/LATINO: 3-Mexican-American A-Central American B-South American Q-Cuban P-Puerto Rican 4-Other Latino | ASIAN: C-Chinese J-Japanese K-Korean R-Asian Indian 5-Other Asian | SOUTHEAST ASIAN: M-Cambodian L-Laotian V-Vietnamese T-Thai S-Other Southeast Asian | PACIFIC ISLANDER: G-Guamanian H-Hawaiian N-Samoan 6-Other Pacific Islander | OTHERS: 7-White F-Filipino 8-Other: _____ 9-No Response D-Decline to state |
|--|--|---|--|---|--|

| | |
|--|--|
| High School Attended: City/State: _____ From: _____ To: _____ | Do you need special services to accommodate a physical, perceptual or learning disability or more information about these services? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

| | | |
|--|---|--|
| GPA for all previous college work: _____ | List admissions tests (GRE, GMAT, MAT, TOEFL) taken or planned and give test date(s). | Are you under academic or disciplinary suspension, disqualification, expulsion or similar action? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|--|

| List all institutions and location attended since high school (even if no work was completed), and those you are now attending or plan to attend before enrolling at CSU, Chico. Attach an extra sheet if necessary. (Include CSU, Chico, if applicable.) | City/State | Enrolled | | | | Units Completed | Degree Earned | Date (to be) Received | | Fee Status Res/Non |
|---|------------|----------|-----|-----|-----|-----------------|---------------|-----------------------|-----|--------------------|
| | | From | | To | | | | Mo. | Yr. | |
| | | Mo. | Yr. | Mo. | Yr. | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

RESIDENCY: Your responses to the following questions are required to make a preliminary assessment of your residency status for admission and tuition purposes. The campus may request additional information prior to making a final residence determination.

List places you lived **before** your present stay in California began, and the parent/guardian with whom you resided.

| From Date | To Date | State or Country | Parent/Guardian |
|-----------|---------|------------------|-----------------|
| | | | |
| | | | |

What state do you regard as your permanent home? _____ Do you claim California residency? Yes No
 If you claim California residency, when did your present stay begin? _____ Have you lived in California continuously since birth? Yes No
 Are you claimed as a dependent on the military record of any member of the U.S. armed forces? Yes No
 Possess a driver's license? Yes No If "yes," give state, date of issuance, and license number: State _____ Date _____ License No. _____
 Possess a DMV identification card? Yes No If "yes," give state, date of issuance, and ID number: State _____ Date _____ License No. _____

I certify that the above and any other information submitted by me in conjunction with my application is accurate and complete.

Signed at: City and County _____ Applicant's Signature _____ Date _____