

## **CALIFORNIA STATE UNIVERSITY, LOS ANGELES**

**COLLEGE OF PROFESSIONAL AND GLOBAL EDUCATION** 

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Student Applicant's Signature

## **GENERAL APPLICATION FORM**

Instructions: Please type your responses on the application, answering every question. Do not abbreviate. Write "n/a" if a question does not apply to you. After completing this form, please sign and date.

## **PERSONAL DATA**

Indicate terms that you will participate in <i>Study in LA</i> , mark all that apply: Fall 20 Spring 20		
Name*As on your passport Last Name	First Name	Middle Name
Date of birth/		
City of birth ————————————————————————————————————		
Country of permanent residence	Country of citizenship	
Mailing address Street name and number		Apt. # or Box
CityProvince	Country	Postal code
rimary email Alternate email		
Have you have attached a copy of your current passport		
ACADEMIC PROGRAM INFORMATION		
Home university	Transc	ript included? ☐ Yes ☐ No
Field of study at home university —		
Field of study at Cal State LA		
APPLICANT'S SIGNATURE:		
I certify that all information given above is true and corre that I must provide for the duration of my studies at Cali false or misleading information can result in my disenrol	fornia State University, Los Angel	les. I understand that providing
Student Applicant's Signature		te (month/day/year)