



Attach \$55 (U.S.) application fee payable to The California State University, San Bernardino and send it to 5500 University Parkway, Attn: Graduate Studies, San Bernardino CA 92407. The fee is non-refundable and may not be transferred to another term. Please print responses in black ink. Response to each item is mandatory unless otherwise indicated.

Section A (Enrollment/Application Information)

(Do not send this form to the Chancellor's Office.)

1. This is an application for admission to California State University, San Bernardino

Input box for Fall Quarter 2017

2. If you have previously applied to or attended this campus, please list:

Form for Term of Application and Last Term Attended, including boxes for Term and Year.

3. Legal Name Last Name Suffix (e.g., Jr., Sr.)

Form for First Name and Middle Name

4. Other Name(s) that may appear on your academic records

Form for Last Name, First Name, and Middle Name

5. Current Mailing Address

Form for Current Mailing Address including Street Number, Street Name, Apartment, City, State/Province, and Zip Code.

Country, if not USA International Postal Code

6. Permanent Address (if different from current as indicated above)

Form for Permanent Address including Street Number, Street Name, Apartment, City, State, and Zip Code.

7. Permanent Residence (if you live in California, list county of residence)

Form for Permanent Residence including County of residence and OR Country of residence.

8. Primary Telephone Area Code Number

9. Cell Phone Area Code Number

10. Fax Number Area Code Number

11. E-mail and read your messages from the CSU. Be sure to notify the campus(es) if this e-mail address changes.

### Section B (Personal/Applicant Information)

12. **Birthdate**

M	M	D	D	Y	Y	Y	Y
Month		Day		Year			

13. **Social Security Number**

			-			-				
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 (Your Social Security Number [SSN] is used internally for Federal reporting purposes. No public usage of SSN is permitted.)

Please refer to the section at the end of this PDF application for more information regarding SSN and Deferred Action for Childhood Arrivals (DACA).

14. **Country of Citizenship** (All must answer)

15. **Citizenship** (Select one of the codes below and enter in box. All must answer.)

**Y** – U.S. Citizen    **R** – Refugee/Asylee    **F** – F Visa (student)    **J** – J Visa    **N** – None of the above

**I** – Immigrant I-551 (“green card”) Date Issued 

M	M	D	D	Y	Y	Y	Y
Month		Day		Year			

 (Provide the date issued and be prepared to submit verification.)

**O** – Other Visa (specify) 

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 Date Issued 

M	M	D	D	Y	Y	Y	Y
Month		Day		Year			

16. **If you were born outside the U.S., what year did you or will you move to the U.S.?**

Y	Y	Y	Y
Year			

### Section C (California State Residency Information)

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 residency determination.

17. **What U.S. state do you regard as your permanent home?**

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18. **Do you claim California residency?** Yes  No

19. **Have you lived in California continuously since birth?** Yes  No

**If No, when did your present stay in California begin?**

M	M	D	D	Y	Y	Y	Y
Month		Day		Year			

20. **If you currently live in California, but you have lived outside of California in the past, list any places you have lived before your present stay in California began.**

From Date	To Date	U.S. State/Territory or Country of Residence	Parent’s Residence
M M Y Y Y Y	M M Y Y Y Y		
M M Y Y Y Y	M M Y Y Y Y		

21. **Place of Birth:** City  U.S. State/Territory   
 Country

22. **Have you attended high school in California for three or more years?** Yes  No

23. **Have you graduated from California high school or have attained a High School Equivalency Certificate issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency Examination?**  
 Yes  No

## Section D (Demographic Information)

To conform with the new guidelines of the U.S. Federal Office of Management and Budget (<http://www.whitehouse.gov/omb>), the California State University must collect from applicants detailed information about their ethnic and racial backgrounds.

If you select "Yes" in Question 24a, a response to Question 24b is required. Please do not select more than one response in Question 24b as only ONE response is allowed. If you have selected "No" or "Decline to State," do not answer Question 24b.

### Ethnicity

24a. In regard to your ethnicity, do you consider yourself Hispanic or Latino? Yes  No  Decline to State   
 (If "No" or "Decline to State," please go to Question 26.)

24b. If you indicated Yes on Question 25a (above), please select the ONE category below that best describes your background.  
 (Do not select more than one.)

- |   |   |
|---|---|
| <input type="checkbox"/> Argentinean          | <input type="checkbox"/> Panamanian                     |
| <input type="checkbox"/> Bolivian             | <input type="checkbox"/> Paraguayan                     |
| <input type="checkbox"/> Chilean              | <input type="checkbox"/> Peruvian                       |
| <input type="checkbox"/> Colombian            | <input type="checkbox"/> Puerto Rican                   |
| <input type="checkbox"/> Costa Rican          | <input type="checkbox"/> Salvadorian                    |
| <input type="checkbox"/> Cuban                | <input type="checkbox"/> Spaniard                       |
| <input type="checkbox"/> Dominican (Republic) | <input type="checkbox"/> Uruguayan                      |
| <input type="checkbox"/> Ecuadorian           | <input type="checkbox"/> Venezuelan                     |
| <input type="checkbox"/> Guatemalan           | <input type="checkbox"/> Other Central American         |
| <input type="checkbox"/> Honduran             | <input type="checkbox"/> Other South American           |
| <input type="checkbox"/> Mexican              | <input type="checkbox"/> Other Hispanic or Latino _____ |
| <input type="checkbox"/> Nicaraguan           | <i>Please specify</i>                                   |

### 25. Race

(All graduate applicants must respond to Question 25.)

The U.S. Census identifies the following races: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. These racial categories, as well as many sub-categories, are listed below. Mark one or as many races below as appropriate for you. You may mark as many race categories as are appropriate to you. Please mark only one sub-category for each race category that you select. If you select "Decline to State," then you cannot choose any other boxes.

#### WHITE

(Please select the ONE sub-category that best describes your background.)

- European
- Middle Easterner
- North African
- Other White \_\_\_\_\_  
*Please specify*

#### BLACK or AFRICAN AMERICAN

(Please select the ONE sub-category that best describes your background.)

- African American
- Black
- Haitian
- Other African/Black \_\_\_\_\_  
*Please specify*

**AMERICAN INDIAN or ALASKA NATIVE** 

(Please select the ONE sub-category that best describes your background.)

- Achomawi/Achumawi
- Cahto (e.g., Cahto Indian Tribe of the Laytonville)
- Cahuilla (e.g., Agua Caliente Band of Cahuilla Indians)
- Chemehuevi (e.g., Chemehuevi Indian Tribe of the Chemehuevi Reservation, California)
- Chumash (e.g., Santa Ynez Band of Chumash Mission)
- Costanoan/Ohlone
- Cupeno (e.g., Los Coyotes Band of Cahuilla & Cupeno)
- Gabrielino/Tongva
- Hupa/Hoopa (e.g., Hoopa Valley Tribe, California)
- Karuk (e.g., Karuk Tribe of California)
- Kumeyaay (e.g., Ewiiapaayp Band of Kumeyaay)
- Luiseno (e.g., La Jolla Band of Luiseno Mission)
- Maidu (e.g., Enterprise Rancheria of Maidu Indians)
- Miwok (e.g., Ione Band of Miwok Indians)
- Mojave (e.g., Fort Mojave Indian Tribe of Arizona)
- Ohlone
- Paiute (e.g., Fort Independence Indian Community of Paiute Indians of the Fort)
- Pomo (e.g., Coyote Valley Band of Pomo Indians)
- Quechan (e.g., Quechan Tribe of the Fort Yuma Indians)
- Serrano (e.g., San Manuel Band of Serrano Mission)
- Shoshone (e.g., Paiute-Shoshone Indians of the Bishop Community of the Bishop Colony)
- Tolowa
- Wappo
- Washoe
- Western Mono (e.g., Big Sandy Rancheria of Mono Indians)
- Wintun (e.g., Cachil DeHe Band of Wintun Indians of the Colusa Indian Community)
- Wiyot (e.g., Wiyot Tribe, California/formerly the Table Bluff Reservation - Wiyot Tribe)
- Yokuts
- Yuki
- Yurok (e.g., Yurok Tribe of the Yurok Reservation)
- Latin American Indian

Other American Indian Tribes \_\_\_\_\_  
*Please specify*

Other Alaska Native Tribes \_\_\_\_\_  
*Please specify*

**ASIAN**

(Please select the ONE sub-category that best describes your background.)

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian               | <input type="checkbox"/> Indo Chinese | <input type="checkbox"/> Nepalese    |
| <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Indonesian   | <input type="checkbox"/> Okinawan    |
| <input type="checkbox"/> Bhutanese                  | <input type="checkbox"/> Iwo Jiman    | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> Burmese                    | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Cambodian                  | <input type="checkbox"/> Korean       | <input type="checkbox"/> Sri Lankan  |
| <input type="checkbox"/> Chinese (except Taiwanese) | <input type="checkbox"/> Laotian      | <input type="checkbox"/> Taiwanese   |
| <input type="checkbox"/> Filipino                   | <input type="checkbox"/> Malaysian    | <input type="checkbox"/> Thai        |
| <input type="checkbox"/> Hmong                      | <input type="checkbox"/> Maldivian    | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Other Asian _____          |                                       |                                      |

*Please specify*

**NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

(Please select the ONE sub-category that best describes your background.)

- |  |   |
|--|---|
| <input type="checkbox"/> Carolinian            | <input type="checkbox"/> Saipanese                    |
| <input type="checkbox"/> Chuukese              | <input type="checkbox"/> Samoan                       |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Solomon Islander             |
| <input type="checkbox"/> Guamanian or Chomorro | <input type="checkbox"/> Tahitian                     |
| <input type="checkbox"/> I-Kiribati            | <input type="checkbox"/> Tokelauan                    |
| <input type="checkbox"/> Kosraean              | <input type="checkbox"/> Tongan                       |
| <input type="checkbox"/> Mariana Islander      | <input type="checkbox"/> Yapese                       |
| <input type="checkbox"/> Marshallese           | <input type="checkbox"/> Other Melanesian             |
| <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> Other Micronesian            |
| <input type="checkbox"/> Ni-Vanuatu            | <input type="checkbox"/> Other Polynesian             |
| <input type="checkbox"/> Palauan               | <input type="checkbox"/> Other Pacific Islander _____ |

*Please specify*

**DECLINE TO STATE**

**NONE OF THE ABOVE**

26. **If the California State University is asked to report only ONE summary race/ethnicity description for you, please choose the ONE category below that you want us to report.**

(Please check only ONE box.)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Two or more races/ethnicities             |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Decline to State                          |

27. **Legal Sex** (Enter M or F)

28. **Do you identify as Lesbian, Gay, Bisexual, or Transgender (LGBT)? (Optional)**

Yes  No  Not Sure  Decline to state

29. **What is your gender identity?**

Female  Female to male transgender  Intersex  Male  Male to female transgender

Not Sure  Other  \_\_\_\_\_ Decline to state

*If Other, please specify*

**Please refer to the end of this PDF application for more information regarding laws pertaining to our questions about legal sex, sexual orientation, and gender identity.**

**Section E (Military Information)**

30. **Have you ever served in the U.S. Military? If YES, please choose your CURRENT status:**  
 No     Yes, Active Duty     Yes, National Guardsman     Yes, Reservist     Yes, Veteran

*(If you are or were a member of the U.S. military, submit a copy of your Joint Services Transcript or your Community College of the Air Force transcript for evaluation by the campus admission office.)*

**Please indicate the branch of service for your above stated military status:**

Army     Navy     Air Force     Marines     Coast Guard

31. **Are you the dependent of a U.S. military service member, including active duty, National Guard, Reserves, or a Veteran discharged from military service?**

No     Active Duty     National Guard     Reserves     Veteran

Please refer to the end of this PDF application for more information regarding laws pertaining to U.S. Military and Veteran status, GI Bill, and resident/non-resident status.

**Section F (Family Education, Income, and Size Information - optional)**

**Section G (Degree Objective/Teacher Credential Information)**

32. **What is your degree objective?** Enter appropriate code in box:

0–None    2–BA    3–BS    5–MA    6–MS    7–Other master’s (MBA, MFA, MPA, etc.)

8– Doctoral degree    9– Other (specify) \_\_\_\_\_ (For major code, go to [www.calstate.edu/degrees](http://www.calstate.edu/degrees))

33. **Specify master’s/doctoral/major/program objective for which you are applying** \_\_\_\_\_ Code   
 Indicate any option, emphasis, or concentration within this field \_\_\_\_\_

34. **Teacher or Other Education Credential Objective** (May be in addition to major/program objective)

Enter appropriate code in box:

- N** – Not interested in a credential program
- X** – Planning to apply to a credential program at a later time
- Y** – Planning to apply to a credential program for this term
- V** – Already hold a California Education credential and seek to earn an additional credential

Credential Objective Name \_\_\_\_\_ Credential Code (go to [www.calstate.edu/degrees](http://www.calstate.edu/degrees))

35. **Nodegree or credential objective: courses for personal or professional growth.** (Please list the graduate-level courses you wish to take.)

36. **Do you have an RN (registered nurse) license prior to enrollment at CSU?** Yes  No

If you are currently studying for and expect to earn the RN before enrolling at CSU, please answer “Yes” to this question and list your licensenumeras “0”. If Yes and registered nurse, please provide RN License Number. \_\_\_\_\_

### Section H (College Attendance)

37. **Print the names and locations of all colleges and universities attended**, even if no course work was completed. Begin with the last institution attended. Attach a separate sheet if you need more space. In units completed, exclude work in progress or planned. **For units in progress, see item 38.**

All Institutions													
College/University Name	State	Enrolled				Number of Units Completed		Degree Received	Year Degree To Be Received	Fee Status Resident Non-Res*			
		From		To		Sem. Units	Qtr. Units						
		Mo.	Yr.	Mo.	Yr.								
A N Y	C O L L E G E	C A	0 8	0 7	0 6	1 4	0 6	4		A A	2 0	1 4	R
											Y Y	Y Y	
											Y Y	Y Y	
											Y Y	Y Y	
											Y Y	Y Y	

\*Attach evidence of nonresident status. (e.g., receipt for payment of nonresident tuition)

38. **List below college courses** in which you are currently enrolled and courses you plan to complete (including summer school) before entering the CSU. Attach a separate sheet if more space is needed.

Courses in Progress/Planned													
Name and Location of Institution	Term and Year (FA/WT/SP/SU)				Department Course Number and Title						Unit Value		
A N Y	C O L L E G E	F A	2 0	1 4	E N G L	1 A	C O M P						3
			Y Y	Y Y									
			Y Y	Y Y									
			Y Y	Y Y									
			Y Y	Y Y									
			Y Y	Y Y									
<b>Total Units in Progress</b>													

**Section I (Certification)**

**41. CERTIFICATION** — to be read and signed 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. My signature certifies 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

**Signed at**

City and County

Applicant's Signature

Date

When claiming California residence and completing this form outside California, it must be subscribed and sworn to before a person authorized to administer oaths, such as a notary public.

**Tuition Fee Refund Policy** — Tuition Fees may be refunded only as authorized by Section 41802 of Title 5, California Code of Regulations. Details concerning the fees that may be refunded, the circumstances under which they may be refunded, and the appropriate procedure to be followed in seeking a refund may be obtained from the office of admission and records on each campus.

**Use of the Social Security Number** - You are required to include your Social Security Number (or tax payer identification number) on admission application forms to all CSU campuses pursuant to Section 41201, Title 5, California Code of Regulations. CSU campuses use the Social Security Number to identify your student records maintained in connection with your association with the campus and, if needed, to help collect debts owed the university. Your Social Security Number may be written on your application fee check to facilitate the processing of your fee payment. Also, the Internal Revenue Service requires the university to file information that includes the student's Social Security Number and other information, such as the amount paid for qualified tuition, related expenses, and interest on educational loans. That information is used to help determine whether you, or a person claiming you as a dependent, may take a credit or deduction to reduce federal income taxes.

If you do not have a Social Security Number at the time you file the application, you may leave the item blank and the campus will assign a temporary number. However, you should obtain a Social Security Number, unless you are prohibited by law from doing so, and submit it to the university by the time you begin enrollment. Failure to furnish your correct Social Security Number may result in the imposition of a penalty by the Internal Revenue Service

FOR OFFICE USE ONLY:

**Received**

**Date**

**Fee Status**  **By** \_\_\_\_\_

**Data Entry**  **By** \_\_\_\_\_

**Previous Student File Number**



## Part B

**Completion of Part B is required;** it will be forwarded to the department responsible for the degree or credential sought. The information provided below should support the information provided on Part A.

**Statement of Purpose.** Write a brief statement of purpose describing reason(s) for pursuing graduate or postbaccalaureate study. Include any additional information concerning your preparation that is pertinent to the objective specified. Attach an additional sheet if necessary. You may also attach a resumé and/or letters of reference if required by the department.

I certify that the information submitted in this application is true, complete, and accurate. I understand that any misrepresentation will be cause for denial of admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Information Section

### Section B

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**Social Security Number (SSN)**— You are required to include your Social Security number on admission application forms to all CSU campuses pursuant to Section 41201, Title 5, Code of California Regulations and Section 6109 of the Internal Revenue Code. CSU campuses may use the Social Security number to identify your student records maintained in your association with the campus and, if needed, to help collect debts owed the university. Also, the Internal Revenue Service requires the university to file information returns that include the student's Social Security number and other information, such as the amount paid for qualified tuition, related expenses, and interest on educational loans. That information is used to help determine whether you, or a person claiming you as a dependent, may take a creditor deduction to reduce federal income taxes. In addition, this information is utilized to match your application to academic records, financial aid applications, and other documents. In addition, this information is utilized to match your application to academic records, financial aid applications, and other documents.

**Deferred Action for Childhood Arrivals (DACA)** - If you have qualified for Deferred Action for Childhood Arrivals (DACA) from the United States Citizenship and Immigration Services and subsequently been issued a Social Security Number, please enter the number above. If you have qualified for Deferred Action for Childhood Arrivals (DACA) from the United States Citizenship and Immigration Services and subsequently been issued a Social Security Number, please enter the number above. If you do not have a Social Security number at the time you file the application, you may leave the item blank and the campus will assign a temporary number. However, you should obtain a Social Security number, unless you are prohibited by law from doing so, and submit it to the university by the time you begin enrollment. Failure to furnish your correct Social Security number may result in the imposition of a penalty by the Internal Revenue Service.

### Section D

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**Questions 27, 28, & 29**- For informational purposes only; no information you provide will be used in a discriminatory manner. This information will not affect any student's application for admission. California bill AB 620 (2011) requests, California State University (CSU) "to collect aggregated demographic information regarding sexual orientation and gender identity of staff and students within other aggregated demographic data collected, and would require annual transmittal of any report to the Legislature, as specified, and posting of the information on the Internet Website of each respective institution". The data is being collected to "develop recommendations to improve the quality of life for lesbian, gay, bisexual, and transgender faculty, staff and students".

CSU collects voluntary demographic information regarding the sexual orientation, gender identity or gender expression of students. This information is only used for summary demographic reporting

- Your responses are kept private and secure
- Providing this information is optional
- The aggregate data will not be used for a discriminatory purpose

The information will be used for state and federal reporting purposes. It is optional and voluntary and will not be used for a discriminatory purpose. "Gender", in this context, as protected in The Equity in Higher Education Act, is understood to include "gender identity" and "gender expression".

### Section E

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**Questions 30 & 31** - If you are currently serving or have ever served in U.S. Military, submit a copy of your Joint Services Transcript or your Community College of the Air Force transcript for evaluation by the campus admissions office. If you are a Veteran or the dependent of a veteran who is eligible to receive GI Bill benefits and you believe you are eligible under Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146), Section 702 for in-state tuition, please send a copy of your DD 214 and GI Bill Certificate of Eligibility (COE) to the campus Admissions Office to determine your status for a non-resident tuition waiver.