



# CALIFORNIA UNIVERSITY

## APPLICATION FORM

2712 N. Berkeley St. Orange, CA 92865 E-mail: [info@cu-edu.us](mailto:info@cu-edu.us)

I am applying as a:  New Student / Transfer Student  Re-Entering Student

Degree:  Bachelor  
 Master  
 Doctor

Program:  Theology  Religious Counseling Psychology  
 Religious Arts  Religious Education

Term: Winter 20\_\_\_\_ / Spring 20\_\_\_\_ / Summer 20\_\_\_\_ / Fall 20\_\_\_\_

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Date of Birth

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Home Country Address (if applicable) City State Zip Code County

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Phone Number: Home: ( ) \_\_\_\_\_ (if applicable) Cell: ( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

Country of Citizenship / Residency: \_\_\_\_\_

If outside of the United States: Birthplace \_\_\_\_\_  
City/Town State/Province

Gender:  Male  Female

Attending Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

**ACADEMIC DATA:** List chronologically all educational institutions attended since high school, including those offering extension courses (PLEASE LIST THE MOST RECENT INSTITUTION FIRST)

Name of School / College or University	Location (City, State, Country)	Entered (Month / Year)	Last Attended (Month / Year)	Degree / Major

If you did not graduate high school, do you have a GED Certificate?     Yes     No

If yes, give location and date: \_\_\_\_\_ / \_\_\_\_\_

**VISA INFORMATION (International Students Only)**

Are you currently in the United States?     Yes     No

If yes, what is your current status? \_\_\_\_\_ (i.e. F-1, B-1/B-2, H-1, J-1)

If on a tourist visa (B-1/B-2), Please fill in dates below:

Date of Entry: \_\_\_\_\_                      Expiration Date of I-94: \_\_\_\_\_

If no, when do you plan to enter the United States? \_\_\_\_\_

**Will dependent(s) accompany you to the U.S?**     Yes     No            If yes, Provide the following

	Last Name	First name	Date of Birth	Relationship to Applicant
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				

**FINANCIAL STATEMENT**

\*PERSONAL FUNDS: If you are funding your education using your own resources, please have your bank provide verification of your personal account.

Personal or Family Sponsor: (Must Fill out the Affidavit of Support)

**IMPORTANT:**

Sponsors who are U.S. citizens or permanent residents must also complete an affidavit of support, Form I-134. The form is available at the Front Desk or at [www.uscis.gov](http://www.uscis.gov) under "Immigration Forms" (<http://www.uscis.gov/files/form/i-134.pdf>). Applicants with several sponsors must have each sponsor complete the International Student Financial Statement and affidavit of support if applicable.

**AKNOWLEDGEMENTS**

**INITIAL**

\_\_\_\_\_ I acknowledge that I have received the school catalog of California University and reviewed the application instructions, program requirements, and admission requirements.

\_\_\_\_\_ I certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I hereby authorize the release of any information submitted by me in connection with this application to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings.

\_\_\_\_\_ I understand that all documents submitted to California University will become the property of California University and will not be returned to me.

\_\_\_\_\_ I understand that I may be subject to disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified to be false.

\_\_\_\_\_ I understand that all offers of admissions are conditional, pending receipt of all documents and materials required by each program admission requirements.

\_\_\_\_\_ I affirm that I will submit my tuition payment before the first day of each semester.

\_\_\_\_\_ I understand that I cannot add or drop courses after 3<sup>rd</sup> week of each semester.

\_\_\_\_\_ I understand that there is no refund after 6<sup>th</sup> week of each semester.

\_\_\_\_\_ I agree to be respectful of California University’s mission and will abide by all rules and regulations contained in the current school catalog.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

California University does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

**Office of Admissions and Records**

**Reviewed By** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_