

California South Bay University

APPLICATION FOR ADMISSION

APPLICATION DATE: ____MM____DD____YY

PROGRAMS APPLYING TO (Please Check)	
English as a Second Language (ESL)	Master of Computer Science (MSCS)
Bachelor of Computer Science (BCS)	Master of Electrical Engineering (MSEE)
Bachelor of Business Administration (BBA)	Master of Green Energy (MSGE)
Doctorate of Business Administration (DBA)	Master of Biotech Management (MSBM)
Bachelor of Electrical Engineering (BEE)	Master of Business Administration (MBA)
Are You a Transfer Student? NO YES (If yes, please specify the Name of the last Institution you attended _____)	

GENERAL INFORMATION (Please Print)

TERM Spring 20____ Summer 20____ Fall 20____	1.FULL LEGAL NAME (International applicants: use name as listed on passport) First Name _____ Last/Family Name _____ Middle Name _____			
	2. GENDER Female Male	3. BIRTH DATE MM DD YY / /	4. EMAIL ADDRESS	
	5. COUNTRY OF CITIZENSHIP United State Others_____ (Specify Country. Indicate immigrant status or visa type in #6)	6. Non-U.S. Citizen immigrant Status or Visa Type U.S permanent Resident F-1 Student Visa Other Visa (Specify)_____	7.TOEFL Yes No Score _____ Test Type Paper Based Computer Based Internet Based	
8. CURRENT MAILING ADDRESS		CITY	STATE/COUNTRY	ZIP CODE
CURRENT TELEPHONE () _____		FAX		
9.PERMENT OR FORGEIGN MAILING ADDRESS		CITY	STATE/COUNTRY	ZIP CODE
PERMENT OR FORGEIGN TELEPHONE () _____		FAX		

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10. NAME OF HIGH SCHOOL FROM WHICH YOU GRADUATED			STATE/ COUNTRY	GRADUATION DATE (MM/YY)
11. LIST ALL COLLEGES/UNIVERSITY ATTENDED (Provide an official transcription from each institution, Please Note, CSBU will not accept any transcripts or records after the admission evaluation are completed.)				
NAME OF INSTITUTION	LOCATION	MAJOR	NAME OF DEGREE OR DIPLOMA RECEIVED OR EXPECTED	DATE RECEIVED OR EXPECTED (MM/YY)
To best of my knowledge, the information I have given on this application form are complete and accurate. (Please note that providing incomplete, incorrect, or false information may result in the rescission of admission and subject to the requirements and/or disciplinary measures as provided under the University's Student Code.)				
SIGNATURE OF APPLICANT : _____			DATE _____	

APPLICATION FEE PAYMENT FORM

TERM OF APPLICATION : Spring 20____ Summer 20____ Fall 20____	NAME OF APPLICANT First Name _____ Last Name _____ Middle Name _____
PAYMENT OPTION (Please Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> Personal Check (Make Payment to CSBU) <input type="checkbox"/> Money Order (Make Payment to CSBU) </div> <div style="text-align: center;"> <input type="checkbox"/> VISA CARD <input type="checkbox"/> Master CARD </div> </div>	
Card # _____ / _____ / _____ / _____ / Security Code _____ Expiration Date ____/____	
Print Cardholder Name _____ Cardholder Signature _____	
Billing Address Street _____ City _____ State _____ Zip Code _____	
I agree to pay the U.S \$ 50 application fee according to the card issuer agreement. I understand that the application fee is non-refundable and non-transferable.	
SIGNATURE OF APPLICANT: _____ DATE: _____	

OFFICE USE ONLY

ACTION	EVALUATOR	DATE