



PACIFIC STATES UNIVERSITY

3450 Wilshire Blvd. #500, Los Angeles, CA 90010

Tel: 323.731.2383 / Fax: 323.731.7276 / www.psuca.edu

Accredited by the Accrediting Council for Independent Colleges and Schools (ACICS)

Approved by the Department of Consumer Affairs (DCA), the State of California

APPLICATION FOR ADMISSION

Please be sure you have: 1) answered all questions completely; 2) enclosed the appropriate application and other fees; 3) attached required academic documents; and 4) signed and dated this application.

Bachelor of Business Administration <input type="checkbox"/> Accounting <input type="checkbox"/> Computers in Business <input type="checkbox"/> Marketing <input type="checkbox"/> Hospitality Management and Tourism <input type="checkbox"/> Sports Management	Master of Business Administration <input type="checkbox"/> Accounting <input type="checkbox"/> Finance <input type="checkbox"/> International Business <input type="checkbox"/> Management of Information Technology <input type="checkbox"/> Real Estate Management	Bachelor of Science <input type="checkbox"/> Computer Information Systems Master of Science <input type="checkbox"/> Computer Science <input type="checkbox"/> Information Systems	Doctor of Business Administration <input type="checkbox"/> International Business Non Degree Program <input type="checkbox"/> Accounting Certificate Program <input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Other
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1. Applying for: (Check one only) Fall Winter Spring Summer Year: _____

2. _____
 Last (Family) Name First (Given) Name Middle Name

FORMER LAST NAME (IF ANY)

3. Gender Male Female

4. Date of Birth _____ / _____ / _____
 Month Day Year

5. _____
 US Social Security Number Please assure accuracy of US SSN

6. _____
 Passport Number / Driver's License

7. Are you a United States Citizen? Yes No If no, please complete the following:
 Will you need F-1 VISA? Yes No If yes, please complete the following:

_____ Date Issued _____ / _____ Date of Expiration _____ / _____
 Type of Visa or Alien Registration Number Month Year Month Year

For Transfer Student: Transferring from: _____

8. _____
 Country of Citizenship

9. _____
 Country of Birth

10. _____
 Home Telephone Number

11. _____
 Alternative Telephone Number

12. _____
 Other Contact Number / Name and Relationship to Student

13. _____
 E-mail address: Please provide your complete e-mail address.

14. _____
 Permanent Street Address

_____ City State Country Zip/Postal

15. _____
 Current Street Address (if different from above)

_____ City State Country Zip/Postal

16. Academic History: List in chronological order all secondary schools, colleges and universities you have attended or are attending, showing dates, diplomas, and degrees. Include every institution, regardless of length of attendance, even if no work was completed. Request each school to forward an official transcript to PACIFIC STATES UNIVERSITY. Include any past attendance at Pacific States University. All documents received become the property of Pacific States University.

NAME OF INSTITUTION	LOCATION	MONTH/YEAR	MAJOR FIELD	DEGREE AND DATE OR UNITS COMPLETED

17. Statement and Signature of Applicant: I, the undersigned, acknowledge that the above application is correct in all respects; that I have not omitted the name of any school or college previously attended; and that, if admitted, I agree to observe all the rules and regulations of the University.

Signature of Applicant

Date

