



PACIFIC STATES UNIVERSITY

1516 South Western Avenue, Los Angeles, CA 90006

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	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
--	---	--	--	--------------------------------

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. _____ 6. _____
 US Social Security Number Please assure accuracy of US SSN 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. _____ 9. _____
 Country of Citizenship Country of Birth

10. _____ 11. _____
 Home Telephone Number 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

PACIFIC STATES UNIVERSITY

1516 South Western Avenue, Los Angeles, CA 90006

Tel: 323-731-2383 / Fax: 323-731-7276 / Web: 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

Please
attach
photograph
here

- I have received and reviewed the Pacific States University *General Catalog*.
- I am a foreign student and waive inspection of the Campus before enrolling.
- I have read and understand the Student Rights and Responsibilities policy.
- I have read the Student Tuition Recovery Fund statement.

Signature of applicant/student

Pacific States University does not discriminate on the basis of race, color, age, religion, sex, national or ethnic origin, marital status, physical disability, sexual orientation, or any other legally protected status in the administration of its educational programs, admission policies, or any other University-administered programs or activities. Inquiries concerning the application of Title IX of the Educational Amendment of 1972 and other non-discriminatory statutes should be directed to the Executive Vice President, the University officer assigned the responsibility for reviewing such matters

Referred to Pacific States University by: _____

Pacific States University does not discriminate on the basis of race, color, age, religion, sex, national or ethnic origin, marital status, physical disability, sexual orientation, or any other legally protected status in the administration of its educational programs, admission policies, or any other University-administered programs or activities. Inquiries concerning the application of Title IX of the Educational Amendment of 1972 and other non-discriminatory statutes should be directed to the Executive Vice President, the University officer assigned the responsibility for reviewing such matters.

VOLUNTARY INFORMATION REQUESTED BY DEPARTMENT OF EDUCATION, U.S.A.

- Race/National Origin: American Indian, Alaskan Native
 Asian, Pacific Islander
 Middle Easterner
 Black
 Hispanic
 Caucasian
 Other (Specify) _____
- Sex: Male Female
- Marital Status: Single Married
 Divorced Widowed
- Physical Disability: Yes No
- I do not wish to furnish this information _____
initials

STUDENT TUITION RECOVERY FUND (STRF)

The Student Tuition Recovery Fund (STRF) was established by the California Legislature to protect any California resident who attends a private postsecondary institution from losing money if the student has prepaid tuition and suffered a financial loss as a result of the school's closing, failure to live up to its enrollment agreement, or refusal to pay a court judgment.

To be eligible for STRF reimbursement, the student must be a "California resident" and reside in California at the time the enrollment agreement is signed or when the student receives lessons at a California mailing address from an approved institution offering correspondence instruction. Students who are temporarily residing in California for the sole purpose of pursuing an education, specifically those who hold student visas, are not considered California residents.

To qualify for STRF reimbursement, the student must file an STRF application within one year of receiving notice from the Department of Consumer Affairs (DCA), the State of California that the school is closed. If the student does not receive notice from the Department, the student has four years from the date of closure to file an STRF application. If a judgment is obtained, the student must file an STRF application within two years of the final judgment.

It is important that students keep copies of the enrollment form, financial aid papers, receipts, and any other information that documents the monies paid to the school. Questions regarding the STRF may be directed to the Department of Consumer Affairs (DCA), the State of California, 1625 North Market Boulevard, Suite S-308, Sacramento, CA 95834, (916) 574-8200.

— FOR OFFICIAL USE ONLY —

- Application Completed
- Transcript Received
- Proof of Diploma / Degree
- Application Fee Paid
- Administrative Processing Fee Paid
- English Proficiency Requirement Completed
- Other _____

Amount Received _____

Receipt No _____

Date _____

Received By _____

I-20 & Letter of Acceptance Mailed Date _____

REMARKS

Application Approved By: _____

Date _____