



Student Application Form

<p>FOR OFFICE USE ONLY: Admitted to Regular Graduate Status Date: _____ By: _____ Program Director</p>
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I am an applicant for the following master's degree program (check one)

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Business Administration (M.B.A.)
Professional Track (check one):
<input type="checkbox"/> Finance
<input type="checkbox"/> Information Technology Management
<input type="checkbox"/> Management and Organizational Behavior
<input type="checkbox"/> Marketing
<input type="checkbox"/> Customized <input type="checkbox"/> General
<input type="checkbox"/> M.B.A. in Financial Planning | 2. <input type="checkbox"/> Computer Science (M.S.C.S.)
3. <input type="checkbox"/> Education (check one):
<input type="checkbox"/> Counseling and Guidance (M.S.)
<input type="checkbox"/> College Student Personnel (M.S.)
<input type="checkbox"/> Curriculum and Instruction (M.A.)
<input type="checkbox"/> Education (M.Ed.)
<input type="checkbox"/> Educational Leadership (M.A.)
<input type="checkbox"/> Special Education (M.S.) | 4. <input type="checkbox"/> Counseling Psychology/MFT (M.S.)
5. <input type="checkbox"/> Clinical Psychology (M.S.)
6. <input type="checkbox"/> Public Policy and Administration (M.P.P.A.)
7. <input type="checkbox"/> I am applying for:
M.B.A./M.S.C.S./M.P.P.A.: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Winter _____
<input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____
All other programs: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____
8. I plan to start in the year 20 _____ |
|---|--|---|

PERSONAL INFORMATION

1. Name: _____ Gender: Male Female
Family Name First Middle
- Please list any other names which may appear on academic documents and other information you plan to send to us: _____
2. Permanent Home Address: _____
Street and Number
- _____ Town or City Province Postal Code Country
- E-mail Address: _____ Phone: _____ Mobile Phone: _____
3. Present Address (if different from above): _____
 E-mail Address: _____ Phone: _____ Mobile Phone: _____
4. Place of Birth: _____ Date of Birth: _____
(month/day/year)
5. Country of Citizenship: _____ 6. Native (first) language: _____
7. Marital Status: _____ Religious Affiliation: _____
8. Do you have permanent resident status in the United States? If yes, please indicate your alien registration number: _____
9. Will family members be living with you while you study in the U.S.?
 If so, who?
10. Closest relative or acquaintance in U.S. (if applicable). Name: _____
 Address: _____ E-mail: _____ Telephone: _____
11. Housing Plans: With relatives/friends Private Housing

FINANCIAL INFORMATION

I, (your name) _____, guarantee that I have sufficient funds available to pay all of my expenses while attending California Lutheran University including tuition, room & board, air fare and incidental expenses.

Personal Funds.....\$ _____ (amount per year)

Family Funds.....\$ _____

Other Funds (specify).....\$ _____

(These funds must be verified by a letter or statement from a financial institution.)

Signature _____ Date _____

If admitted, will you need an I-20 form to secure a student visa? Yes No

Do you currently have a valid U.S. visa? If yes, please indicate the type and expiration date: _____

EDUCATION

1. List schools you are now attending or have attended:

Name of Institution	Location	Dates Attended		Actual Name of Degree, Diploma or Credential	Date Received or Expected
		From	To		

2. Test Scores: (Official test results should be mailed from the Testing Service directly to California Lutheran University)

TOEFL Date taken: _____ Score: _____ Anticipated date for taking exam: _____

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GRE Date taken: _____ Score: _____ Anticipated date for taking exam: _____

GMAT Date taken: _____ Score: _____ Anticipated date for taking exam: _____

3. Number of years and circumstances under which you have studied the English language: _____

4. Other languages you speak and/or write: _____

EMPLOYMENT:

List any full-time positions of employment you have had: _____

How did you find out about our university? Internet Search Current CLU student International company
 Guide Book CLU Alumni International fair
 Peterson's CLU faculty/staff member Other _____

Do you have family, relatives or friends who attended our University?

Name _____ Relationship to you _____

Dates of attendance _____ Date of graduation (if applicable) _____

Did you enclose the \$50.00 application fee? Yes No (Application will not be processed without fee)

Credit card type Visa Mastercard American Express Card Number _____ Exp. _____

Name of cardholder _____ Amount to be paid _____

Information given in this application is complete and correct to the best of my knowledge. I understand that it is my responsibility to arrange a meeting with a University Adviser who will assist in planning my program and assuring that requirements are met; however, ultimate responsibility for program completion is mine. Requirements are listed in the Graduate Catalog, which may be viewed on-line at <http://www.callutheran.edu/admission/graduate/downloads>.

Signature _____ Date _____

MAIL TO:

CALIFORNIA LUTHERAN UNIVERSITY

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