Application to:

HUMANITIES EXTERNAL DEGREE
CSUDH - 1000 E. Victoria St. SAC2-2126
Carson, CA 90747 USA
ATTN: APPLICATION MATERIALS

APPLICATION FEE NON - REFUNDABLE

California State University
Dominguez Hills

○ **ADMISSION**
○ **READMISSION**
(APPLICATION & APP. FEE ONLY)

Collection of information requested on this form and its maintenance by the Admissions Officer is authorized by university policy. It will be used to identify your records, previous education, educational goals, and special services you may need if enrolled, and may be accessed by you. Please type/print your answers, sign, date and return the Application, Fee, Intellectual Autobiography, and transcripts to the External Degree Office. Incomplete answers will delay your admission decision.

1. **Term applying for:** ○ Fall 20___ ○ Spring 20___ ○ Summer 20___ 2. **Social Security No.:**

3. **Legal name** as you wish it to appear on your records. Last Name (comma) First Name (space) Middle Name

4. **Other Name(s)** that may appear on your records.

5a. **Mailing Address** Street Number (space) Street Name (space) Apartment

City State Zip Code County/Country:

5b. **Permanent Address** if different from above:

6. **E-Mail Address** (if available; Internet, CompuServe, AOL, etc.):

7a. **Home Phone** (required) (Country) Area Code Phone Number

7b. **Business Phone** (if available) (Country) Area Code Phone Number/Ext: ____

7c. **FAX Phone** (if available) (Country) Area Code Phone Number

8a. **Birth Date** (Single digit number should be preceded by a zero) Month/Day/Year

8b. **Birthplace**

9. **Sex** (Mark one) ○ Male ○ Female

10. Have you ever been accepted to this program before? ○ No ○ Yes: Term_____ Year _____

11. Did you enroll? ○ Yes ○ No

12. Are you under academic or disciplinary suspension, disqualification, expulsion or similar action at any institution (including the one to which you are applying?) If yes, attach explanation and indicate institution. ○ Yes ○ No

13. **Ethnic Identity** (Enter the proper code for your ethnic group in the box.) Your response will not affect your admission to the University. The information is collected only for statistical purposes.
1-Native American; 2-Black; 3-Chicano; 4-Other Hispanic; 5-Asian; 6-Pacific Islanders; 7-White; F-Filipino;
8-Other (specify group): _____ D-Decline to State ☐

14. Do you need special services to accommodate a physical, perceptual or learning disability or more information about these services? ○ Yes ○ No

15. List in chronological order names and locations of **all** institutions enrolled in after high school. **Do not** list CSUDH attendance unless applying for readmission.

	Time of Enrollment From: Month	From: Year	To: Month	To: Year	Units Completed: Sem	Units Completed: Qtr	Degree Earned	Date (to be) received: Month	Date (to be) received: Year	**Sent to AO:**
☐										**Reminder:** *Two (2) Sealed Official* Transcripts are needed from each school attended. Compilation-style transcripts are *not sufficient* for admission review.
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16. **Employment**: List all applicable employment. Indicate present employer, if now employed.

Employer	Nature of Work	Inclusive Dates

17. CERTIFICATION - TO BE READ AND SIGNED BY ALL STUDENTS TO CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED.
I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission. I authorize release of any information submitted by me in connection with my application for admission and determination of residence to any person, firm, corporation, association or government, whether federal, state, local or foreign, but only as necessary to verify or explain the information, to obtain pertinent records, or in connection with perjury proceedings.

Applicant's Signature Date

DO NOT SEPARATE FORMS; DO NOT FAX FORMS (ORIGINALS BY MAIL ONLY)