



CALIFORNIA UNIVERSITY

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STUDENT APPLICATION

School Program

☐ Master of Business Administration (MBA)

Year and Quarter Applying for _____

☐ Winter ☐ Spring ☐ Summer ☐ Fall

*SEVIS Status *for international applicants

☐ Transfer ☐ Initial ☐ Change of (Visa) Status

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last First Middle(INITIAL) MM/DD/YYYY

Residential Address: _____
Street City State Zip

Gender: M / F Phone: _____ SSN (Optional): _____

E-Mail Address: _____

Primary Language: _____ Other Language(s): _____

INTERNATIONAL APPLICANTS

Nationality: _____ Place of Birth: _____
City State Country

Home Country (Permanent) Address: _____
Street City State/Province Country Zip

Current Visa Status: _____ I-94 Expiration Date: _____
MM/DD/YYYY

I-20 Program Start Date (If any request): _____
MM/DD/YYYY

TOEFL / IELTS Score (submit copy of test result). Test Date: _____ Score: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Phone: _____

Email: _____ Relationship: _____



EDUCATIONAL HISTORY

Secondary and/or Postsecondary Education: **Start from the most recent record*

Degree	School Name	MM/YYYY - MM/YYYY	City	State	Country
Degree	School Name	MM/YYYY - MM/YYYY	City	State	Country
Degree	School Name	MM/YYYY - MM/YYYY	City	State	Country

- I hereby certify that to the best of my knowledge all documentation and information submitted whether in relation to any course of study or otherwise, is true, accurate and complete.
- I acknowledge that the provision of inaccurate or incomplete information by myself, or a certifying authority, may result in the withdrawal of any offer of enrolment, or the cancellation of any enrolment allowed on the basis of acceptance of that offer.

Signature: _____
(Applicant)

Date: _____

Signature: _____
(by Admissions Officer or Registrar)

Date: _____