



CALIFORNIA UNIVERSITY

2333 Beverly Blvd. Los Angeles, CA 90057

Web: <http://www.catu.edu>

Email: [admin@catu.edu](mailto:admin@catu.edu)

Tel: (213) 484-4440 Fax: (213) 402-6838

## 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(by Admissions Officer or Registrar)