

## INSTRUCTIONS

This is a fillable PDF form. Please complete all fields online and when you are done, print the form, sign, and date it.

- Handwritten applications cannot be accepted.
- Include payment for the \$55 non-refundable application using the Academic Credit Programs Fee Payment Form. Do not send payment information by email. This fee may not be transferred to another term.
- Mail your original application and fee payment forms to the SEIE office to the attention of the program to which you are applying:

**SSU School of Extended and International Education**  
**ATTN: Graduate Programs**  
**1801 East Cotati Avenue**  
**Rohnert Park, CA 94928-3609**

- May also bring in person to Stevenson Hall 1012

### 1. Social Security Number \*

XXX - XX - XXXX

### 2. Date of Birth

MM / DD / YYYY

## ENROLLMENT/ APPLICATION INFORMATION

### 3. Program

If other:

### 4. Applying to Attend for Term \_\_\_\_\_ (e.g. FALL 2020)

### 5. If you have previously applied to or attended SSU, please list:

TERM OF APPLICATION (e.g. FALL 2020)

LAST TERM ATTENDED (e.g. FALL 2020)

### SIGNED ORIGINAL APPLICATION WILL BE SENT VIA:

- Mail       Drop Off at SEIE Office

## FOR SEIE OFFICE USE ONLY

DATE RECEIVED	STUDENT ID#
SSU APP#	
MENTOR APP#	
FEE PAID VIA	INITIALS
ENTER DATE	INITIALS
DATE SENT TO ADMISSIONS	

### \* USE OF THE SOCIAL SECURITY NUMBER

Your Social Security Number (SSN) is used internally for Federal reporting purposes. No public usage of SSN is permitted.

You are required to include your Social Security Number (or taxpayer identification number) on admission application forms to all CSU campuses pursuant to Section 41201, Title 5, California Code of Regulations. CSU campuses use the Social Security Number to identify your student records maintained in connection with your association with the campus and, if needed, to help collect debts owed the university. Your Social Security Number may be written on your application fee check to facilitate the processing of your fee payment. Also, the Internal Revenue Service requires the university to file information that includes the student's Social Security Number and other information, such as the amount paid for qualified tuition, related expenses, and interest on educational loans. That information is used to help determine whether you, or a person claiming you as a dependent, may take a credit or deduction to reduce federal income taxes.

If you do not have a Social Security Number at the time you file the application, you may leave the item blank and the campus will assign a temporary number. However, you should obtain a Social Security Number, unless you are prohibited by law from doing so, and submit it to the university by the time you begin enrollment. Failure to furnish your correct Social Security Number may result in the imposition of a penalty by the Internal Revenue Service.

**6. Legal Name**

\_\_\_\_\_  
LAST FIRST MIDDLE

**7. Other Name(s) that may appear on your academic record**

\_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
LAST FIRST MIDDLE

**8. Current Mailing Address**

\_\_\_\_\_  
NUMBER AND STREET APT #

\_\_\_\_\_  
CITY STATE ZIP

**9. Permanent Address**

*(If different from mailing address as indicated above)*

\_\_\_\_\_  
NUMBER AND STREET APT #

\_\_\_\_\_  
CITY STATE ZIP

**10.  California Resident**

\_\_\_\_\_  
COUNTY

**Non-Resident**

\_\_\_\_\_  
STATE COUNTRY

**11. Primary Telephone**

\_\_\_\_\_  
AREA CODE - 000 - 0000

**12. Cell Phone**

\_\_\_\_\_  
AREA CODE - 000 - 0000

**13. E-mail**

\_\_\_\_\_

*NOTE: Email is our primary means of communication with applicants. Please notify us immediately if this address changes. Once you have been accepted, you will be issued a Sonoma State email address which we will use for official communications.*

**PERSONAL/APPLICANT INFORMATION**

**14. Sex/Gender**

Decline to State

Sexual Orientation

\_\_\_\_\_  
If Another:

Gender Identity

\_\_\_\_\_  
If Another:

Gender Expression

\_\_\_\_\_  
If Not Listed:

**15. Country of Citizenship** *(All must answer)*

\_\_\_\_\_

**16. Citizenship Status**

*(Select one of the codes below; all must answer)*

- U.S. Citizen       Refugee/Asylee       J Visa
- F Visa               Immigrant I-551 (Green Card)
- None of the above
- Other Visa, specify:

**17. If born outside the U.S., please indicate year you did or will move to the U.S.**

\_\_\_\_\_  
YYYY

**18. Would you like further information about Disability Services for Students?**

*(Also see [www.sonoma.edu/dss](http://www.sonoma.edu/dss))*

- Yes     No

## CALIFORNIA STATE (CA) RESIDENCY INFORMATION

NOTE: Your responses to the following questions are required to make a preliminary assessment of your residency status for admission and tuition purposes. The campus may request additional information prior to making a final residency determination.

### 19. Home State

\_\_\_\_\_

20. Do you claim CA residency?  Yes  No

Have you lived in CA since birth?  Yes  No

If No, when did your present stay in CA begin?

\_\_\_\_\_  
MM / DD / YYYY

### 21. Country of Birth

\_\_\_\_\_

### 22. State of Birth

\_\_\_\_\_

### 23. City of Birth

\_\_\_\_\_

24. If you currently live in California, but you have lived outside of California in the past, list any places you have lived before your present stay in California began.

\_\_\_\_\_  
FROM DATE (YYYY) TO DATE (YYYY)

\_\_\_\_\_  
U.S. STATE/TERRITORY OR COUNTRY OF RESIDENCE

\_\_\_\_\_  
FROM DATE (YYYY) TO DATE (YYYY)

\_\_\_\_\_  
U.S. STATE/TERRITORY OR COUNTRY OF RESIDENCE

\_\_\_\_\_  
FROM DATE (YYYY) TO DATE (YYYY)

\_\_\_\_\_  
U.S. STATE/TERRITORY OR COUNTRY OF RESIDENCE

## MILITARY INFORMATION

25. Are you or were you a member of the U.S. military service (including active duty, National Guard, Reserves, or a Veteran discharged from military service)?

No  Active Duty  National Guard  
 Reserves  Veteran

26. Are you the dependent of a U.S. military service (including active duty, National Guard, Reserves, or a Veteran discharged from military service)?

No  Active Duty  National Guard  
 Reserves  Veteran

### 27. Branch of Military Service

Army  Coast Guard  Air Force  
 Marines  Navy

## DEGREE OBJECTIVE AND CLASS STANDING

28. What is your degree objective?

Master of Arts  Master of Science  
 Master of Business Administration  
 Certificate

29. Teacher or Other Education Credential Objective  
(May be in addition to major/program objective)

Select one of the codes below; all must answer.

**N** - Not interested in a credential program  
 **X** - Planning to apply to a credential program at a later time  
 **V** - Already hold a California Education credential and seek to earn an additional credential

### 30. Credential Objective

\_\_\_\_\_

31. I am a licensed Registered Nurse

\_\_\_\_\_  
RN LICENSE NUMBER

## ENGLISH LANGUAGE PROFICIENCY

### 32. English Language Proficiency

(Applicants who have not studied full time for at least three years at the secondary level or above with English as the language of instruction must provide certification of English language proficiency.)

Years of Secondary/Postsecondary Instructions through the Medium of English

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TOEFL Score

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TOEFL Internet (iBT) Score  
(taken September 2005 or later)

Date Taken

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MM / DD / YYYY

IELTS Score

Date Taken/Scheduled

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MM / DD / YYYY

## FAMILY INFORMATION

### 33. Educational Opportunity Program interest

Yes  No

NOTE: EOP funding does not currently apply to programs administered by SEIE, but we would appreciate knowing about your interest in the program.

### 34. Estimated family income

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### 35. Family size

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### 36. Live with

Independently  Both parents  
 Dependent  One parents

### 37. Number of dependent children

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## ACADEMICS & COLLEGE ATTENDANCE

**Question 38 to 41** – *Regards coursework/degrees completed. We will need two official sealed copies of transcripts for each college attended, even if no units were completed. If any coursework was completed outside the United States (study abroad or international programs and universities) the details of which are not listed on your home college transcript, you must request transcripts from the international institution that awarded you your grades. These transcripts must be officially translated and have grade conversions, as necessary.*

**38. Colleges attended** (You must include all institutions which have awarded you a Bachelor's or Master's degree and any institution where you have taken courses for your last 60 semester units. Please list additional colleges/universities, if necessary, in the notes section at the end of this application.)

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COLLEGE/UNIVERSITY NAME LOCATION (CITY / STATE)

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ENROLLED FROM (MM / YY) TO (MM / YY) ESTIMATED GPA

---

INDICATE SEMESTER OR QUARTER UNITS COMPLETED

---

DEGREE RECEIVED DATE RECEIVED (MM / YYYY)

---

DATE EXPECTED, IF DEGREE NOT YET AWARDED (MM / YYYY)

---

TRANSCRIPT REQUEST DATE (MM / DD / YYYY)

E-transcripts

(Electronic transcripts will be accepted only from CSU Mentor, Docufide, Naviance, and Parchment.)

**FOR OFFICE USE ONLY: Received**

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COLLEGE/UNIVERSITY NAME LOCATION (CITY / STATE)

---

ENROLLED FROM (MM / YY) TO (MM / YY) ESTIMATED GPA

---

INDICATE SEMESTER OR QUARTER UNITS COMPLETED

---

DEGREE RECEIVED DATE RECEIVED (MM / YYYY)

---

DATE EXPECTED, IF DEGREE NOT YET AWARDED (MM / YYYY)

---

TRANSCRIPT REQUEST DATE (MM / DD / YYYY)

E-transcripts

(Electronic transcripts will be accepted only from CSU Mentor, Docufide, Naviance, and Parchment.)

**FOR OFFICE USE ONLY: Received**

**39. List below college courses in which you are currently enrolled and courses you plan to complete before entering SSU**  
*(Including Summer or Winter Intersession. Add extra sheet, if necessary.)*

INSTITUTION NAME
TERM / YEAR (E.G. FALL 2020) DEPT COURSE # (E.G. BUS 800)
COURSE TITLE
UNITS (SEMESTER/QUARTER)

INSTITUTION NAME
TERM / YEAR (E.G. FALL 2020) DEPT COURSE # (E.G. BUS 800)
COURSE TITLE
UNITS (SEMESTER/QUARTER)

**40. Estimated GPA for last 60 semester units of transferable college work**

**41. Are you eligible to re-enroll at all institutions?**

- Yes
- No

If no, please explain below.

## TEST INFORMATION

### 42. Credit by Examination

*(If you have taken any standardized tests that could award college-level credit, you will need to send your test scores to Sonoma State University. You will receive credit only for approved tests. See [www.sonoma.edu/testing](http://www.sonoma.edu/testing))*

#### GRE General

DATE TAKEN (MM / DD / YYYY)	
VERBAL (TOTAL SCORE)	QUANT (TOTAL SCORE)
ANALYTIC (TOTAL SCORE)	WRITING (TOTAL SCORE)

#### GMAT Subject Exam

SUBJECT	
DATE TAKEN (MM / DD / YYYY)	
VERBAL (TOTAL SCORE)	QUANT (TOTAL SCORE)

#### Other Tests

TEST NAME	TOTAL SCORE
TEST NAME	TOTAL SCORE

## DEMOGRAPHIC INFORMATION

*To conform to the guidelines of the U.S. Federal Office of Management and Budget (<http://www.whitehouse.gov/omb>), the California State University must collect information from applicants about their ethnic and racial backgrounds.*

*The U.S. Census identifies the following races: White, Black or African American, American Indian or Alaskan Native, Asian, and Native Hawaiian or Pacific Islander. These racial categories, as well as many sub-categories, are listed below. Mark one or as many races below as appropriate for you. You may mark as many race categories as are appropriate to you. You may mark only one sub-category for each race category that you select. If you select "Decline to State", then please do not provide any other information in this section.*

Decline to State

Select one subcategory/ethnicity description for each racial category below, as appropriate for you, that best describes your background.

- 43.  **Hispanic or Latino**
  
- 44.  **White**
  
- 45.  **Black or African American**
  
- 46.  **American Indian or Alaska Native**
  
- 47.  **Asian**
  
- 48.  **Native Hawaiian or Other Pacific Islander**
  
- 49.  **None of the above.**  
Please specify:

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## CERTIFICATION

*(To be read and signed by all applicants to certify the accuracy of the information provided.)*

I certify under penalty of perjury under the laws of the State of California that I have provided complete and accurate responses to all the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me.

I authorize the California State University to release any information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided or to obtain other information necessary for my application for admission and any application for administration of financial aid and in connection with any perjury proceedings.

My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment. I certify that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the facts affecting my residence.

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**APPLICANT'S SIGNATURE**

**DATE**

*Please remember to include the Fee Payment Form with fee*

**Additional information you wish to be considered, bearing on your application: *(Optional)***