

# California South Bay University

## CERTIFICATE PROGRAM APPLICATION FORM

### CERTIFICATE OPTION

- |   |   |
|---|---|
| <input type="checkbox"/> Computer Office Assistant  | <input type="checkbox"/> Biotechnology        |
| <input type="checkbox"/> Medical Assistant          | <input type="checkbox"/> Computer Programming |
| <input type="checkbox"/> Medical Billing and Coding | <input type="checkbox"/> Photovoltaic I       |
| <input type="checkbox"/> Premise Telecom Installer  | <input type="checkbox"/> Photovoltaic II      |
| <input type="checkbox"/> Accounting                 |   |

**TERM**                      Spring 20\_\_\_\_\_                      Summer 20\_\_\_\_\_                      Fall 20\_\_\_\_\_

### STUDENT INFORMATION

<b>1. FULL LEGAL NAME</b>			
First Name _____		Last Name _____	
Middle Name _____			
<b>2. GENDER</b>	<b>3. BIRTH DATE</b>	<b>4. SOCIAL SECURITY NUMBER</b>	
<input type="checkbox"/> Female <input type="checkbox"/> Male	MM    DD    YY  /    /		
<b>5. COUNTRY OF CITIZENSHIP</b>		<b>6. DID YOU ATTEND U.S ARMY BEFORE</b>	
<input type="checkbox"/> United State <input type="checkbox"/> Others _____		<input type="checkbox"/> NO <input type="checkbox"/> YES	
<b>7. DAY PHONE</b>		<b>8. EVENING PHONE</b>	
(    ) _____		(    ) _____	
<b>9. MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE/COUNTRY</b>
<b>10. EMAIL ADDRESS</b>		<b>11. FAX</b>	

**12. LIST ALL COLLEGES/UNIVERSITY ATTENDED** (Provide an official transcription from each institution, Please Note, CSBU will not accept any transcripts or records after the admission evaluation are completed.)

NAME OF INSTITUTION	LOCATION	MAJOR	NAME OF DEGREE OR DIPLOMA RECEIVED OR EXPECTED	DATE RECEIVED OR EXPECTED (MM/YY)

**13. WORK HISTORY** (List starting with your current or most recent position the jobs that you have held)

EMPLOYER	POSITION	CITY	STATE	START DATE (MM/YY)	END DATE (MM/YY)

To best of my knowledge, the information I have given on this application form are complete and accurate. (Please note that providing incomplete, incorrect, or false information may result in the rescission of admission and subject to the requirements and/or disciplinary measures as provided under the University's Student Code.)

**SIGNATURE OF APPLICANT :** \_\_\_\_\_ **DATE** \_\_\_\_\_

### APPLICATION FEE PAYMENT FORM

**PAYMENT OPTION (Please Check One)**

Cash

Personal Check (Make Payment to CSBU)

VISA Card

Master Card

I agree to pay the U.S \$ 50 application fee according to the card issuer agreement. I understand that the application fee is non-refundable and non-transferable.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_