

California South Bay University

1107 N Fair Oaks Ave., Sunnyvale, CA 94089 Tel: (408) 400-9008 Fax: 1-888-225-1868 www.csbu.us Email: info@csbu.us CSBU 2011-6

APPLICATION FOR ADMISSION

Programs Applying To (Please Check) <ul style="list-style-type: none"> <input type="checkbox"/> Masters of Business Administration (MBA) <input type="checkbox"/> Master of Science in Biotechnology Management (MSBM) <input type="checkbox"/> Master of Science in Computer Science (MSCS) <input type="checkbox"/> Master of Science in Electronic Engineering (MSEE) <input type="checkbox"/> Master of Science in Solar Power Technology and Management (MSGE) 	Term <ul style="list-style-type: none"> <input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____ <input type="checkbox"/> Fall 20_____
Are You a Transfer Student? <ul style="list-style-type: none"> <input type="checkbox"/> Yes (If yes, please specify the Name of the Last Institution you attended _____) <input type="checkbox"/> No 	

GENERAL INFORMATION (Please Print)

1. Full Legal Name				
First Name _____		Last/Family Name _____		
2. Gender	3. Date of Birth	4. Country of Citizenship	5. Email	
<input type="checkbox"/> Male <input type="checkbox"/> Female	MM DD YY / /			
6. Cell Phone	7. Home Phone	8. GRE/ GMAT	9. TOEFL	10. SSN #
		<input type="checkbox"/> Yes Score _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Score _____ <input type="checkbox"/> No	
11. Mailing Address		City	State/Country	Zip Code
12. Name of Institution Attended	Location	Major	Degree or Diploma	Received Date
13. Name of Employer	Position	Location	Start Date	End Date

I declare that material presented to CSBU is my own, and is true to the best of my knowledge. Further, I understand that my admission is contingent on the results of my interview with a CSBU counselor, receipt of official transcripts by CSBU, and payment of the application fee. Also, I realize that I am solely responsible for submitting all materials relating to my previous academic work that are needed for this evaluation. I agree to pay the U.S \$ 100 application fee according to the card issuer agreement. I understand that the application fee is non-refundable and non-transferable.

SIGNATURE OF APPLICANT : _____ **DATE** _____