ADMISSIONS APPLICATION CHECKLIST **For Domestic Students**

Date:	Program of Interest:	Intended Start Term:			
Name of Applicant:					
Timile of Epphemin					
Last Name	First Name	Middle Name			
Documents/Information	Desc	ription			
Application Form	All blanks must be completely answered and signed by the applicant.				
Application Fee	\$100 Non-refundable You can pay online through CALUMS website.				
Official transcript(s) and a copy of its corresponding diploma or diploma certificate	At least a bachelor's degree completed from college/university attended and a copy of its corresponding diploma/degree certificate. Transcripts must be ORIGINAL or authenticated digital copy. No photocopies are allowed.				
Foreign Transcript Evaluation, if applicable	If college/university degree or credits are earn countries where English is not the primary lan AICE or NACES approved agencies. Evaluation fee (non-refundable): \$100 for gen For more information, please visit CALUMS	aguages, transcripts must be evaluated from an aleral, \$200 for course-by-course			
Letter of Recommendation	At least one letter of recommendation from ac	eademic or business professional(s)			
English Language Proficiency Requirement	Please select one of the followings				
	For more information, please visit <u>CALUMS website</u> .				
Identification	Copy of US Passport; or				
	Copy of Permanent Resident Card; or				
	Copy of State Issued Driver's License and	Social Security Card			
Shipping Fee, if applicable	Not applicable if I-20 form is picked up by the delivery.	e student or received by secured electronic			
	\$70-\$100 for international (non-refundable	e)			
	\$30 for domestic (Non-refundable)				
	You can pay online through <u>CALUMS website</u>				





Address: 1126 N. Brookhurst St, Suite 200, Anaheim CA 92801

Tel: 714.533.3946 Fax: 714.533.7778

	APPLICA1	ΓΙΟΝ FORM	
I. PERSONAL DATA			
NAME			
	Last	First	Middle
DATE OF BIRTH		PLACE OF BIRTH	
COUNTRY/ TERRITO	Month / Day / Year		City Country/Territory
	KI OF CITIZENSIIII		
MAILING ADDRESS	Building No:		
	Street	•	
	City:	State/Province:	
	Zip Code:	Country/Territory:	
IN CASE OF EMERGE	ENCY, NOTIFY:		
NAME		PHONE	
ADDRESS	Building No:	Apt No:	
	Street:	<u> </u>	
	City:	State/Province:	
	Zip Code:	Country/Territory:	
	Palationship to Applicant:		
II. PROGRAM	retutionship to Appheant.		
APPLYING FOR THE □ WINTER 20 FIELD OF STUDY AT	□ SPRING 20	□ SUMMER 20	□ FALL 20
		☐ Master of Science in Com	nputer Information Systems (M.S.C.I.S.)
PLEASE MARK ALL A	APPLICABLE:		
	ON-HISPANIC HISPANIC ACIFIC ISLANDER AMERICAN IN	IDIAN / ALASKAN NATIVE	WHITE, NON-HISPANIC RACE / ETHNICITY UNKNOWN
FOR OFFICE USE ONLY	DATE RECEIVED	RECEIPT NO.	
	APPLICATION FEE □\$100	□\$20 for Re-issue I-20	O (Deferred)
	I-20 ISSUED ON	SEVIS #	
	CALUMS STUDENT I.D. #		

Website: www.calums.edu



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A1 (cont.)

APPLICATION FORM

NAME AND LOCATION OF HIGH SCHOOL, CO	OLLEGE(S).	YEAR		
OTHER SCHOOLS ATTENDED	322232(3))	FROM/TO	MAJOR	DEGREE
ASE TELL US ABOUT YOUR DECISION	ON IN CHOOS	SINC CALLIMS (D	FOIHDED)	
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THE APPLICATION FEE IS NON-REFUNDABLE.

SIGNATURE OF APPLICANT

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL ON THE BASIS OF AGE, SEX, RACE, COLOR, RELIGION, NATIONALITY, ETHNIC ORIGIN, OR DISABILITY IN THE ADMISSION OF STUDENTS.

DATE