



Application for Special Programs for High School Students

All requested information is needed in order to process your registration request. This form must be received by Enrollment Services at least four weeks prior to your term of entry. If you will be a Dual Matriculation Program student, submit this form directly to Enrollment Services, Cal State East Bay, 25800 Carlos Bee Boulevard, Hayward, CA 94542. For other programs, please submit this form to the CSUEB coordinator of your program. *Please attach a copy of your high school transcript.*

I am applying to participate in the following program: Ethnic Studies 2301-2302

- Urban Teacher Academy Academic Decathlon Summer Theatre Johns Hopkins Scholarship Program
- Dual Matriculation Program (*The Dual Matriculation Program is limited to juniors and seniors who have achieved a minimum 3.0 GPA and wish to take a course that is not offered at their high school*)

May planned term of entry is:

- Summer 20"__ Fall 20"__ Winter 20"__ Spring 20 __

Have you previously applied to or attended California State University, East Bay? Yes No

Your legal name: _____
Last First Middle

Birthdate: _____ Social Security Number: _____ - _____ - _____ Telephone: () _____
MM/DD/YYYY

Mailing Address: _____
Street City State/Province ZIP/Postal Code Country

Email Address (optional): _____ Gender: Male Female Ethnicity: _____

Grade (Class) in high school: _____ Anticipated year of high school graduation: _____

Citizenship, Immigration, or Visa Status: U.S. Citizen Refugee/Asylum Immigrant I-551 (Green Card)
 Other Visa (specify) _____

If you are not a U.S. Citizen, what is your country of citizenship? _____

If you live in California, what is your county of residence? _____

If you live outside of California, what is your U.S. state or country of residence: _____

Courses to be taken (up to two courses not offered in your high school curriculum may be taken):

_____ Alternate selection(s): _____

I certify that the above information is correct, and that a written statement of parental / guardian approval is on file with my student records at my high school.

Applicant signature: _____ Date: _____

Prior to submitting this form to Cal State East Bay, please have high school officials complete the section on page 2 of this form. This form must be signed by your high school principal (head of school).

For completion by high school officials before form is submitted:

Principal (Head of School) or counselor recommending this applicant: _____

High School	City	State/Province	ZIP/Postal Code	Telephone Number
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Principal signature: _____ Date: _____

Comments on applicant:

For use by California State University, East Bay after form is submitted:

Applicant accommodated Applicant not accommodated

Evaluator signature: _____ Date: _____