

APPLICATION FOR ADVANCED PLACEMENT PROGRAM

California State University, Stanislaus • Turlock, CA 95382

INSTRUCTIONS FOR APPLICANTS

- Please complete all numbered items in Section A of this application form and submit it to the University Admission Office through your high school preferably at least one month in advance of the term for which you are seeking enrollment.
- Your high school transcripts should accompany your first application form.
- A separate advanced placement application form will be required each term in order to continue in the program.
- A regular admission form and application fee must be submitted to continue enrollment after high school graduation.

See page 2 of this form for program description and eligibility requirements.

FOR OFFICE USE ONLY

Date _____

Fee status H

By _____

SECTION A

1. **Term and year you are applying for:** Summer Fall Spring 20__

2. **SID:** - -

3. **Legal name:** (as you wish it to appear on your records):
 Last _____ First _____ Middle _____

4. **Mailing address:**
 Street number _____ Street name _____ Apartment number _____
 City _____ State _____ Zip Code _____
 County _____

5. **Name of parent or guardian:** _____

6. **Home Phone:** Area code (_____) Number _____

7. **Birthdate:** Month Day Year
 (single digit day or month should be preceded by a zero=mm/dd/yyyy)

8. **Sex:** Male Female

9a. **Have you applied to this campus before?** Yes No

9. **Did you enroll?** Yes No

10. **Birthplace:** _____ PFN

EOP status code N APHS level code 9 APHS degree code 0 APHS major code

11. **Country of citizenship:** _____

12. **Alien registration receipt card number:** _____

13. **Citizenship status:** (enter proper code in box)
 Y United States F Non-U.S. citizen, F VISA O Non-U.S. citizen, other VISA
 I Non-U.S. citizen, immigrant J Non-U.S. citizen, J VISA R Refugee

14. **Ethnic identity:** (enter proper code in box)
 1. Native American 3 Chicano 5 Asian 7 White D Decline to state
 2 Black 4 Other hispanaic 6 Pacific Islanders 8 Other (specify) _____

15. **Do you need special services to accommodate a physical or learning disability or more information about these services?** Yes No

16. **Name of high school:** _____ **Year (to be) graduated** _____

17. **List below the course(s) in which you seek to enroll** (consult class schedule for information)

Identification no.	Department	Course no.	Section no.	Course title	Units	Day	Time

18. **Applicant's signature:** _____

Date: _____

SECTION B (to be completed by high school official)

- Applicant's CSU High School GPA
- ACT/SAT/PSAT/Other Aptitude Score
- This applicant is recommended for the above mentioned course(s) in accord with the statement on page 2 of this document.

Signature of high school principal or designee _____

Date _____

FOR OFFICE USE ONLY

Accom. status **A**
 Enroll Status **6**
 Res. Status
 Permanent Residence _____
 Comm. College **N**
 Degree Held **O**
 Inst. of Origin **AP** _____