

For office use only
Program _____
Entered _____

High School Program Application

NOTE: Approval is for a specific course and term only
Application will not be processed without E-mail address & check for \$3.50

To be completed by Applicant:

Social Security # _____ Term: Fall _____ Spring _____
Year Year

Name _____
Last Name First Name M.I.

Address _____
Street City Zip

Home Phone: (____) _____ Email Address: _____

Sex: (Circle One) M or F Date of Birth: _____ Ethnicity: _____
MO/DAY/YEAR

High School _____ Graduation Date: _____
MO/DAY/YEAR

Course Desired _____
Dept. and Number Title

Have you ever applied for admission and/or enrolled at CSUDH? (Circle One) No or Yes

Last Term attended: _____ Social Security #/ID# _____

Parent or Guardian Approval:

The above-named student has my permission to enroll at California State University, Dominguez Hills for the term indicated above.

Signed _____ Date _____

High School Principal Approval:

I recommend that this student be permitted to enroll in the following course.

Schedule No.	Dept No.	Course Title	Unit	Days	Time

Signed _____ Date _____

COUNSELOR CERTIFICATION:

Resident Status? (Check One) ___ Resident ___ Non-Resident

County of Residence _____ High School GPA _____ ACT/SAT _____

I certify that this student's residence and academic status are correct according to the official records of this school and that the student is eligible as of this date to register in accordance with the program.

Signed _____ Date _____