



PACIFIC STATES UNIVERSITY

1516 South Western Avenue, Los Angeles, CA 90006

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Accredited by the Accrediting Council for Independent Colleges and Schools (ACICS)

Approved by the Department of Consumer Affairs (DCA), the State of California

IGETC APPLICATION FORM

1. Applying for: (Check one only) Fall Winter Spring Summer Year: _____

2. _____
Last (Family) Name First (Given) Name Middle Name

3. Gender Male Female 4. Date of Birth _____ / _____ / _____
Month Day Year

5. _____ 6. _____
US Social Security Number (Please assure accuracy of US SSN) Passport Number / Driver's License

7. Your Current F-1 VISA Date Issued _____ Date of Expiration _____
Month Year Month Year

Name of the College: _____

8. _____ 9. _____
Country of Citizenship Country of Birth

10. _____ 11. _____
Home Telephone Number Alternative Telephone Number (Cell Phone)

12. _____
Other Contact Number / Name and Relationship to Student

13. _____
E-mail address: Please provide your complete e-mail address.

14. _____
Permanent Street Address

City State Country Zip/Postal

15. _____
Current Street Address (if different from above)

City State Country Zip/Postal

16. Courses I would like to apply for

TERM	COURSE TITLE	COURSE DESCRIPTION FROM YOUR COLLEGE
Fall 2010		
Spring 2011		
Summer 2011		

17. Statement and Signature of Applicant: I, the undersigned, acknowledge that the above application is correct in all respects; I agree to observe all the rules and regulations of the College of which courses I will be taking.

Signature of Applicant _____ Date _____

* Where did you hear about this program? _____

* I know someone who will also be benefited by this program, _____
Name Contact Information (Email, Phone..)