CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

SUMMER 2027 APPLICATION - Fall 2027 Early Summer Starters

Applicant Information

Coyote ID: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Date of Birth: _____

Student Status

- ◯ I have been fully admitted for fall 2027.
- ◯ I have applied for fall 2027, but I have not yet been admitted.
- ◯ I am only attending CSUSB for summer classes and am not a fall quarter student. *(**if so, STOP! You must complete the Summer Visiting Student Application instead.**)*

Last Institution Attended: _____

If you are a graduate student, please list where you recieved your degree: _____

Class Level: ◯ Freshman ◯ Sophomore ◯ Junior ◯ Senior ◯ Master's Degree ◯ Credential

Signature:	**Date:**

Undergraduate and Graduate students:

Please submit the completed form by one of the following options:

1. **Mail:** CSUSB International Admissions Office
   Center for Global Innovation, CGI 301
   5500 University Parkway
   San Bernardino, CA 92407

2. **Email:** international@csusb.edu (Must be scanned as a PDF attachment)

If you have any questions regarding this form, feel free to contact us by email or by phone at (909) 537-5288.

NOTE: International students are not eligible for financial aid.