



CALIFORNIA MIRAMAR UNIVERSITY

"Educating Tomorrow's Business Leaders Today"

Student Application Form

- Eligible for GI Bill Assistance Transfer Student
 Eligible for MyCAA (Military Spouse)

A. Student's Personal Information

Last Name	First Name	Middle Name	Maiden Name
Permanent Mailing Address		Apt./Ste.	City State
Zip Code	Country	International Postal Code	Date of Birth
Home Phone	Work Phone/ Ext.	Mobile Phone	Fax
Social Security (If applicable)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail address
Current Employer	Position	How did you hear of CMU?	Are you a CMU graduate?
Highest level of Education completed?		<input type="checkbox"/> I'm interested in the 100% Distance/Online program <input type="checkbox"/> MBA (San Diego only) Hybrid Program <input type="checkbox"/> I am an International Student: Country _____	
Please mark your desired area of study and your concentration:			
Associate	Bachelor	Master	
<input type="checkbox"/> A.S. Business Administration	<input type="checkbox"/> B.S. Public Administration <input type="checkbox"/> B.S. Business Administration <input type="radio"/> Business Administration <input type="radio"/> International Business <input type="radio"/> Finance <input type="radio"/> Health Care Management <input type="radio"/> Marketing	<input type="checkbox"/> Master in Business Administration <input type="radio"/> Business Administration <input type="radio"/> International Business <input type="radio"/> Technology Management <input type="radio"/> Finance <input type="radio"/> Health Care Management <input type="radio"/> Marketing <input type="checkbox"/> M. S. in Strategic Leadership <input type="checkbox"/> M. in Taxation and Trade for Executives <input type="checkbox"/> M. S. in Telecommunications	

B. Post Secondary Education

Colleges / Universities	Dates Attended	Major	Degree Awarded	Sem. Units of Credit	Qtr. Units of Credit

C. Payment Information

Undergraduate: \$25.00 Application Fee

Graduate: \$40.00 Application Fee

I am enclosing a check or money order payable in U.S. funds to California Miramar University

Please charge my application fee to the credit card listed below.

VISA

MASTER CARD

AMERICAN EXPRESS

DISCOVER/NOVUS

Credit Card Number: _____

Name as it appears on card: _____

Expiration Date: _____

Cost per undergraduate unit (3 unit course)	\$235.00 (\$705.00 per course)
Cost per graduate unit (3 unit course)	\$295.00 (\$885.00 per course)
Textbooks are not included in tuition	

I certify to the best of my knowledge, the information provided in this application is accurate and complete. If I am admitted to California Miramar University, I will observe all the rules and policies of California Miramar University. I acknowledge that federal law allows the administration and personnel of CMU to disclose academic, enrollment and financial aid information about me to staff who need to know such information to carry out their administrative tasks. I acknowledge that all official transcripts that I submit to the school will become the property of the University and will not be forwarded to another institution or returned to me. If admitted to the university, I understand that this application is valid for 30 days from the date of acceptance. CMU makes no representation regarding transferring credits to another college or university. I understand credits may not be transferable unless I have written approval from another college or university.

Applicant's Signature _____

Applicant's Printed Name _____

Date _____

D. Transcripts and Supporting Documents

CMU will accept copies of your prior college/university transcripts during the application process. Students have ninety (90) days to provide official transcripts to CMU. Although not required, the applicant may submit the following documents: resume; copies of certificate programs, training, or workshops; detailed list of all military schooling/training; and copies of test scores of any standardized tests. Copy of military ID required, if applicable.

For Office Use Only

01/10

Date Received: _____ Amt. Received _____ Database Int. _____

Recommended for Admission:
(Admissions Dept. CMU)

Date: _____

Accepted for Admission:
(Academic Dean)

Date: _____

Any questions or problems concerning this University, which have not been satisfactorily answered or resolved by the University, should be directed to:

The Bureau for Private Postsecondary Education/Department of Consumer Affairs
P.O. Box 980818 W. Sacramento, CA 95798-0818
Tel (916) 574-7720 • www.bppe.ca.gov

9750 Miramar Road, Office of Admissions, San Diego CA, 92126
858-653-3000 • Toll Free: 877-570-5678 • Fax: 858-653-6786 • www.calmu.edu
**CALIFORNIA MIRAMAR UNIVERSITY IS AN ACCREDITED MEMBER OF
THE DETC (www.detc.org) AND ACICS (www.acics.org)**