



## International Supplemental Processing Form

If you need assistance at any time during the application process, please do not hesitate to contact the California Miramar University Office of Admissions at: A \$100 processing fee is now due.

Phone: 858.653.3000

Fax: 858.653.6786

Email: [internationaladmissions@calmu.edu](mailto:internationaladmissions@calmu.edu)

3550 Camino Del Rio N. Suite 208

San Diego, CA 92108

### Academic Goal

This application is for: Year \_\_\_\_\_

☐ Fall-I   ☐ Fall-II   ☐ Spring-I   ☐ Spring-II   ☐ Summer-I   ☐ Summer-II

Select the Degree Program and Emphasis/Area in which you applied:

☐ Associate of Science in Business Administration (ASBA)

Select your Emphasis:   ☐ Business Administration   ☐ Hospitality Management

☐ Bachelor of Science in Business Administration (BSBA)

Select your Emphasis:   ☐ Business Administration   ☐ Finance  
                                  ☐ Hospitality Management   ☐ International Business  
                                  ☐ Marketing   ☐ Sports Management

☐ Master of Business Administration (MBA)

Select your Area of Concentration:   ☐ Business Administration   ☐ Finance  
                                                         ☐ Health Care Management   ☐ International Business  
                                                         ☐ Marketing   ☐ Technology Management  
                                                         ☐ Strategic Leadership & Management in Global Business

☐ Master of Science in Computer Information Systems (MSCIS)

☐ Master of Science in Strategic Leadership (MSSL)

☐ Doctorate of Business Administration (DBA)

Select your Area of Specialization:   ☐ Strategic Management   ☐ Finance  
                                                         ☐ International Business Administration   ☐ Marketing

### Personal Information

Last Name/Surname: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender: ☐ Female   ☐ Male

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Permanent Address in Home Country: Street: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address in U.S.A. (if applicable) or Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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### Visa Information

Do you currently hold a Visa? ☐ Yes ☐ No If yes, what Visa Type? \_\_\_\_\_

Do you have a dependent spouse or child who will accompany you? ☐ Yes ☐ No

Are you a transfer student? ☐ Yes ☐ No

Name of School: \_\_\_\_\_ Program: \_\_\_\_\_

Did you participate in CPT? ☐ Yes ☐ No If yes, what Dates? \_\_\_\_\_

Did you participate in OPT? ☐ Yes ☐ No If yes, what Dates? \_\_\_\_\_

Did you take annual vacation? ☐ Yes ☐ No If yes, what Dates? \_\_\_\_\_

### How did you find out about California Miramar University?

The information below is helpful to the CMU International Center for outreach purposes.

- |                                                           |                                                                |
|-----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Friend/Relative: _____           | <input type="checkbox"/> Advertisement Publication Name: _____ |
| <input type="checkbox"/> Recruitment Agency / Name: _____ | <input type="checkbox"/> Student Fair: Name: _____             |
| <input type="checkbox"/> Internet Site: _____             | <input type="checkbox"/> Other: _____                          |

### Processing Fee

A processing fee of \$100 is now due.

### Certification

I, \_\_\_\_\_ certify that all information provided is correct and that I have adhered to the registration policies as set forth in the CMU catalog.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Application/International Supplemental Processing Forms are considered legal documents and will become a permanent part of your record. Falsification of this document may be cause for dismissal or denial of your admission to CMU.

I certify to the best of my knowledge, the information provided 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 my application is valid for 30 days from the date of acceptance.

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  
P.O. Box 980818 • W. Sacramento, CA 95798-0818  
Tel (916) 431-6959 • [www.bppe.ca.gov](http://www.bppe.ca.gov)