

## Application for Special Programs for High School Students

This form must be completed and received by Cal State East Bay at least four weeks prior to your term of entry. Submit this form directly to Office of Admissions, Cal State East Bay, 25800 Carlos Bee Boulevard, Hayward, CA 94542.

I am applying to participate in the Dual Matriculation Program. (*The Dual Matriculation Program is limited to juniors and seniors who have achieved a minimum 3.0 GPA and wish to take a course that is not offered at their high school*)

My planned term of entry is: Fall Spring

Have you previously applied to or attended California State University, East Bay? Yes No

Your legal name \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Email Address (optional): \_\_\_\_\_  
MM/DD/YYYY

Mailing Address: \_\_\_\_\_  
Street City State/Province ZIP/Postal Code Country

Gender: Current Grade (Class) in high school: Anticipated year of high school graduation: \_\_\_\_\_

If you live in California, what is your county of residence? \_\_\_\_\_

If you live outside of California, what is your U.S. state or country of residence? \_\_\_\_\_

Courses to be taken (up to two courses not offered in your high school curriculum may be taken):

Subject Area and Number	4 Digit Course No.	Course Title	Units
Example: BIOL 101-01	1820	Introduction to Biology	3

I certify that the above information is correct, and that a written statement of parental / guardian approval is on file with my student records at my high school.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Prior to submitting this form to Cal State East Bay, please have high school officials complete the section on page 2 of this form. This form must be signed by your high school principal (head of school).*

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*For completion by high school officials before form is submitted:*

Principal (Head of School) or counselor recommending this applicant: \_\_\_\_\_

High School	City	State/Province	ZIP/Postal Code	Telephone Number
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Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments on applicant:

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*For use by California State University, East Bay after form is submitted:*

☐ Applicant accommodated      ☐ Applicant not accommodated

Evaluator signature: \_\_\_\_\_ Date: \_\_\_\_\_