CALIFORNIA STATE UNIVERSITY, NORTHRIDGE TALENTED HIGH SCHOOL PROGRAM APPLICATION FORM

To be eligible for admission through the Talented High School Program, students and their parent/legal guardian must complete all items on both pages of the application form.

☐ New Student	☐ Continuing Student	FALL 20	SPRING 20		
	☐ Continuing Student CS	UN ID			
Name					
Last		First	Middle	Middle	
Address	Number	Street			
	City	State	Zip Code		
Home Telephone	() E-n	nail			
Birth date/(mm/do	/ Social Security N	umber		Sex_(F or M)	
High School					
High School Grad	duation Date/	Status:	□ Junior	☐ Senior	
Student Signature		Date			

- The \$55.00 application fee and CSUN ID card fee are waived. The student pays the \$150.50 fee when registering for class(es). Student is responsible for the optional parking fee. Student pays for books.
- Deadline date for a fall semester is April 1. Deadline for spring is October 1.
- A high school grade point average of **3.0** or higher is required.
- Student must be in the 11th or 12th grade when CSUN classes begin.
- Student may register in 100 through 299 level courses if University prerequisites are met.
- Student is limited to a maximum of 6 units per semester.
- The Schedule of Classes and University Catalog are available online at www.csun.edu using the Quick Links drop-down menu and at the Matador Bookstore on campus.
- Transcripts must be ordered by the student.

High School Recommendation

High School Principal		Date	
	(Signature)		
High School Advisor		Phone	
	(Signature)		,

NEW STUDENTS must submit Official High School Transcripts with this application form. CONTINUING STUDENTS submit the completed application form only.

MAIL COMPLETED FORMS AND TRANSCRIPTS TO:

CSUN Special Programs, 18111 Nordhoff St., Northridge, CA 91330-8207 Telephone: (818) 677-3760

CALIFORNIA STATE UNIVERSITY, NORTHRDGE TALENTED HIGH SCHOOL PROGRAM PARENT AUTHORIZATION FORM

Student Personal Information (please print)

Student Name				Grade	Birth date / /
La	ıst	First	M.I.		m d y
Student Address_					
-	Street and Apt. #	£		City	Zip Code
Telephone #()	Social Security	#		
I authorize my son understand that n of his/her minor s	ny child will not	be afforded any	special s	status or su	pervision as a result
Parent/Guardian	Printed Name	Parent/	Guardiar	n Signature	Date
Student's Prin	ted Name	s	tudent's	Signature	Date