



CALIFORNIA ARTS UNIVERSITY

4100 W. Commonwealth Avenue, #101, Fullerton, CA, 92833

Phone: 213-700-7575, Fax: 714-907-1511, Website: www.cauniv.edu E-mail: info@cauniv.edu

DECLARATION FORM

Here in I, _____ Student No.: _____

Guarantee that I will provide all needed official transcripts, foreign evaluations (if required), one (1) recommendations, official exams scores (if required) and sign all required admissions documentation for California Arts University during my educational tenure at California Arts University.

I understand that failure to do so may result in withholding of my degree.

Student Name: _____

Student Signature: _____ Date: _____