

CONTACT INFORMATION

Last Name First Name

Street Address Apt/Unit #

City State Zip

E-mail Address

Phone Number Phone Type: Videophone Voice

Select one: Deaf Hard of Hearing Hearing

SCHOOL INFORMATION

Academic Year HS Freshman HS Sophomore HS Junior HS Senior Not in School College Transfer Student

High School or College Attending

Interested in a tour of CSUN and NCOD? Yes No

Please complete, save, and send as an attachment to ncod@csun.edu

Visit our website at www.csun.edu

Thank you! We look forward to meeting you soon.