



**THE STATE BAR OF CALIFORNIA  
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300  
1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500

**REGISTRATION AS A FOREIGN-EDUCATED GENERAL APPLICANT NOT ADMITTED TO THE PRACTICE OF LAW IN ANY UNITED STATES OR FOREIGN JURISDICTION  
(LAW STUDENTS WHO ARE ENROLLED IN LAW SCHOOLS LOCATED IN THE UNITED STATES AND ATTORNEYS MUST REGISTER ONLINE AND MAY NOT USE THIS FORM)**

**REGISTRATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK. STAPLE all attachments to the front of the registration.** (This is **not** an application for an examination or for a moral character determination. Attach additional pages if necessary. Please read the "Instructions for Registration as a Foreign Educated Applicant" and the bulletin "Qualification for Admission to Practice Law in California by Law Students Receiving Their Legal Education Outside the United States" before completing this form.)

1.1 U.S. SOCIAL SECURITY NUMBER (**Required**) Refer to Instructions

1.2 DATE OF BIRTH

Mo. Day Year

1.3 REGISTRANT'S NAME

Last First Middle

1.4 EMAIL ADDRESS:

1.5 MAILING ADDRESS: (It is the registrant's responsibility to inform the State Bar's Office of Admissions in writing of any address change. All correspondence will be mailed to your current mailing address.)

Number/Street and Apartment Number

Address Continued

City or Non-USA City and Country State Zip (U.S.)

1.6 TELEPHONE NUMBER: ( \_\_\_\_\_ )

1.7 APPLICANT'S BIRTHPLACE:

City or Town State or Country

<b>OFFICE USE ONLY</b>			
<b>DATE ENTERED/BY:</b>			
-	-	/	
Mo.	Day	Yr.	Initials
<b>DATE APPROVED/BY</b>			
-	-	/	
Mo.	Day	Yr.	Initials

1.8 MOTHER'S FULL MAIDEN NAME:

1.9 GENERAL APPLICANT REGISTRATION FEE (See payment coupon on page 5)

Registration Fee Enclosed \$ \_

2.0 NAMES, FORMER NAMES AND ALIASES - If you have ever been known by any other name(s), please state below and provide the effective dates.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DATES: From \_\_\_\_\_ To \_\_\_\_\_

2.1 I  **have**  **have not** passed the bar examination in the United States or a foreign country. If you have passed a bar examination, list in which state or country and provide an explanation of why you are not admitted.

Country: \_\_\_\_\_

Explanation: \_\_\_\_\_

2.2 FOREIGN LEGAL EDUCATION – Please indicate below the foreign law school(s) you attended (an evaluation completed by a credential evaluation company on the list of approved agencies and transcript must accompany this form):

Name, City, Country of Law School	Dates Attended		Date of Graduation Mo/Yr
	From Mo/Day/Yr	To Mo/Day/Yr	
_____	_____	_____	_____
_____	_____	_____	_____

2.3 UNITED STATES LAW SCHOOL EDUCATION – Please indicate below any United States law schools you have attended and the law school in which you are currently attending, if applicable:

Name of Law School	Dates Attended		Date of Anticipated Completion Mo/Yr
	From Mo/Day/Yr	To Mo/Day/Yr	
_____	_____	_____	_____

Name of Program: \_\_\_\_\_ Degree Conferred: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Courses and credits completed or currently enrolled in:

Name of Course(s)	Dates Attended	Completed (Yes/ No)	# of Law Study Credits
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## APPLICANT DECLARATION

### THE FOLLOWING DECLARATION MUST BE SIGNED AND CANNOT BE AMENDED BY THE APPLICANT

The person named as the registrant in the foregoing registration, declares:

I have carefully read the questions in the foregoing registration and have answered them truthfully, fully and completely, without mental reservation of any kind.

I hereby authorize educational or other institutions or agencies to release to the Committee of Bar Examiners and the Office of Admissions of the State Bar of California any information, files or records requested in connection with the processing of this registration.

I understand that I must comply with all the requirements of Title 4, Division 1 of the *Rules of the State Bar of California (Admissions Rules)*.

I declare under penalty of perjury under the law of the State of California that my answers to the foregoing registration questions and all statements by me herein are true and correct.

Executed on \_\_\_\_\_  
(Date)

at: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, State, Zip, Country)

**PRINT:**

(First Name)

(Last Name)

**SIGN HERE:**

\_\_\_\_\_  
(Signature of Declarant)

## ETHNIC SURVEY

The following information is to be furnished by each registrant as part of the application process. The Committee of Bar Examiners is gathering this data to assist in the continuing evaluation of the admissions process. This information will be treated in a confidential manner and will be used only for research purposes. It will not be retained by the Committee as part of your application.

1. What is your sex?  Male (1)  Female (2)

2. Which one of the following racial or ethnic groups **best** describes you?

**Mark only one.**

(1)  American Indian or Alaskan Native  
Descended from any of the original  
peoples of North America.)

(2)  Filipino

(3)  Pacific Islander  
(Melanesian, Micronesian, Polynesian)

(4)  Origins in Indian sub-continent  
(Pakistan, Indian, Bengal, etc.)

(5)  Asian  
(Includes Chinese, Japanese, Korean and  
the peoples of Malaysia and Southeast  
Asia)

(6)  Hispanic  
(Mexican, Puerto Rican, Cuban, Central or  
South American & Spanish - but not  
Portuguese)

(7)  Black  
(Excludes persons of Hispanic origin)

(8)  White  
(Includes persons having origins in any of  
the original peoples of Europe, Russia,  
North Africa and the Middle East - and  
generally corresponds to those persons not  
classified into one of the 7 specific minority  
categories)

**FOREIGN-EDUCATED GENERAL APPLICANT REGISTRATION FEE COUPON**

**PLEASE COMPLETE AND ATTACH THE PAYMENT COUPON TO THE FRONT OF THE APPLICATION  
WITH THE APPROPRIATE FEES**

**Registration Payment Coupon  
Office of Admissions  
The State Bar of California**

**General Applicant Registration Fee: \$102.00**

Name: \_ \_\_\_\_\_  
Last

\_ \_\_\_\_\_  
First Middle Suffix (Jr. Sr., I, II)

Date of Birth: \_ - \_ - \_  
Month Day Year

Social Security Number: \_ - \_ - \_

Address: \_ \_\_\_\_\_  
Number/Street and Apartment Number

\_ \_\_\_\_\_  
City State Zip

Foreign Address (City, Province, Country, Postal Code) (If foreign address is longer than space provided, please continue on line below.)

\_ \_\_\_\_\_



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**For Office of Admissions Fees Only - Credit Card Authorization Form**

Date: \_\_

I authorize the State Bar of California to charge my credit card for \$ \_\_\_\_\_.

**Please check which fee(s) you are paying for:**

- |  |   |
|--|---|
| <input type="checkbox"/> California Bar Examination Fee    | <input type="checkbox"/> California Bar Examination Late Fee    |
| <input type="checkbox"/> First-Year Law Students' Exam     | <input type="checkbox"/> First-Year Law Students' Exam Late Fee |
| <input type="checkbox"/> Laptop Fee                        | <input type="checkbox"/> Laptop Late Fee                        |
| <input type="checkbox"/> Registration as a Law Student Fee |   |
| <input type="checkbox"/> Registration as an Attorney Fee   |   |
| <input type="checkbox"/> Other: Please specify _____       |   |

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Admissions)

Credit Card Number

Expiration Date (Month/Year)

Check Credit Card Type:  Master Card  Visa

Name:

Address:

Foreign Address:  
(if applicable)

City State Zip:

Signature of Card Holder: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
(if not card holder)

Applicant File #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please submit to: The State Bar of California  
1149 South Hill Street  
Los Angeles, CA 90015

Fax Number: (213) 765-1544

Please note that delay in responding may result in additional late filing fees/and or possible abandonment of your application.