



Cal Poly Pomona

Innovation, Entrepreneurship and Leadership APPLICATION FORM

BLDG. 220A-206, 3801 W. Temple Ave.
Pomona, California 91768

909-979-6612

Session/Year: Summer 2026

July 12 to July 25, 2026 (14 Days)

GIVEN NAME: _____ FAMILY NAME: _____

DOB: ____/____/____ GENDER: MALE FEMALE
mm dd yyyy

HOME ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ COUNTRY OF CITIZENSHIP: _____

COUNTRY CODE: _____ CELL PHONE NUMBER: _____ EMAIL: _____

UNIVERSITY ATTENDING/GRADUATED FROM: _____ MAJOR: _____

Note :
Program minimum size: 25 students (from different universities)
Cal Poly Pomona reserves the right to cancel the program if the minimum size is not met

SIGNATURE: _____ BY TYPING MY NAME HERE
'M PROVIDING MY CONSENT AND APPROVAL DATE: _____

EMAIL COMPLETED FORM TO: yingchuanw@cpp.edu

STUDENTS STOP HERE

OFFICE USE ONLY (Please Initial & Date)		
Received By:	Registered By:	Processed By:
		Fees Paid: \$
		Receipt #: