

**Intensive English and IELTS Preparation Program**  
**Application for Enrollment**

PLEASE TYPE, PRINT OUT, AND SAVE FOR YOUR FILES

Telephone: 510-885-2358  
Fax: 510-885-2040  
Email: [alpgen@csueastbay.edu](mailto:alpgen@csueastbay.edu)  
Web: <http://www.csueastbay.edu/ALP/>

**Name**

Family Name (same as passport): \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

**Home Country Permanent Address**

Address (Street address only; PO Box is not applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number (including country code and city code): \_\_\_\_\_

Contact email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Country of citizenship: \_\_\_\_\_ Gender: Male Female

**Applicant's Goals**

**Program Start Date**

Please indicate with a "check" which month you plan to begin studies:

Year: \_\_\_\_\_ September January March June July

How long do you plan to study? 5-week Summer Session 10 Weeks 20 Weeks 30 Weeks

**Transfer Students**

If you are transferring from another institution within the U.S.A., please provide the information required.  
We must have your transfer letter before issuing an I-20.

INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AREA CODE AND PHONE NUMBER: \_\_\_\_\_

**Mailing Address for Applicant's I-20**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Refundable Application Fee: \$100 U.S. Dollars**

Payment by certified bank draft, cashier's check, money order or credit card (Visa or Mastercard only)  
for \$100 U.S. dollars must be sent with this application.

Credit Card Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing address: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

**HOW DID YOU FIND ABOUT ALP? (check all that apply)**

AGENT (NAME): \_\_\_\_\_

WEBSITE (NAME): \_\_\_\_\_

ALP STUDENT (NAME) : \_\_\_\_\_

OTHER: \_\_\_\_\_