Intensive IELTS Preparation Program

This full-time exam-preparation course prepares students for the IELTS Academic exam. Students will become familiar with the format and requirements of the IELTS exam, learn test-taking strategies and techniques, and get detailed feedback from the instructor on practice test results.

- Taught by instructors with advanced degrees and extensive experience in preparing students for the IELTS exam
- 5 hours of instruction per day
- An official IELTS exam at the end of the program

<table>
<thead>
<tr>
<th>Dates</th>
<th>Fees*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Monday, July 22 - Wednesday, July 31 (8 days) + Official IELTS test Thursday, August 1</td>
<td>$1,000</td>
</tr>
<tr>
<td>Session 2: Wednesday, August 7 - Friday, August 16 (8 days) + Official IELTS test Saturday, August 17</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

* A non-refundable application fee $25 and mandatory health insurance $64.16/session are not included.

Application Checklist

☐ Intensive IELTS Preparation Program Application (4 pages total)
   All pages must be filled completely and signed before submitting the application.

☐ $25 Non-refundable Application Fee
   Pay the $25 non-refundable application fee one of the following ways:
   - Attached with this application or Pay in person (requires a Net ID (CSUEB Student ID) at the University Cashier’s office (cashier’s check, personal check, or money order made payable to CSUEB)
   - Online (CASHNET)
     o You will only be able to pay online after you have submitted this application and have received your Net ID (CSUEB student ID).

☐ Verification of Finances
   Send bank statements, letter, or seal to verify your financial support.

☐ Copy of Passport
   Send a copy of your passport with your photo and personal information.

Application Steps:
1. Print pages 1-4 and fill in your information.
2. Sign (your written signature) on the bottom of each page.
3. Send the completed application packet to: alpgen@csueastbay.edu
4. Pay tuition and nonrefundable $25 application fee. (A link to online payment portal will be emailed to you once your application form is received by the ALP office.)
American Language Program
Application for **Intensive IELTS Preparation Program**

**STUDENT INFORMATION** (must be the same as passport)

Family (Last) Name: ____________________________________________________________

Given (First) Name: ____________________________________________________________

Middle Name: __________________________________________________________________

Date of Birth (MM/DD/YYYY): ___________ Gender: □ Male □ Female

**STUDENT’S PERMANENT (HOME COUNTRY) ADDRESS**

Address: ______________________________________________________________________

City: __________________________________________________________________________

State/Providence: __________________________________________________________________

Country: _________________________________________________________________________

Postal code: _____________________________________________________________________

Phone Number: ___________________________________________________________________

E-mail: __________________________________________________________________________

(Student’s personal email address is required to generate a CSUEB Net ID.)

**WHERE SHOULD THE STUDENT’S I-20 BE SENT?**

Address: ______________________________________________________________________

City: __________________________________________________________________________

State/Providence: __________________________________________________________________

Country: _________________________________________________________________________

Postal code: _____________________________________________________________________

Phone Number: ___________________________________________________________________

E-mail: __________________________________________________________________________

(UPS tracking information will be sent to this e-mail.)

**Which session(s) do you plan to attend?**

- □ Session 1 (July 22 - July 31 + IELTS test on August 1)
- □ Session 2 (August 7 - August 16 + IELTS test on August 17)

**What are your plans after completing this program?**

- □ Applying for CSUEB Undergraduate Program
- □ Applying for CSUEB Graduate Program
- □ Applying for non-degree program at ALP
- □ Other ____________________________________________

**Do you have a CSUEB Net ID?**

- □ Yes (What is it? ___________________________)
- □ No

**Have you ever attended CSUEB ALP before?**

- □ Yes □ No

**How did you find out about this Intensive IELTS Prep program?**

- □ Recruiter: ____________________________
- □ Website: _______________________________
- □ ALP Student: ___________________________
- □ Other: _______________________________

**Method of Payment:** $25 non-refundable application fee (Refer to the application checklist for more details)

- □ Attached with this application
- □ Online
- □ In person

I certify that the information in this document is true, complete, and accurate.

_______________________________________________________________   _______________________
Signature of Student (application cannot be processed without a written signature)   Date
DECLARATION OF FINANCES FOR INTERNATIONAL (F1) STUDENTS

International Students must provide proof of sufficient financial support to meet all necessary expenses while attending the American Language Program and California State University, East Bay. The information you provide will determine your eligibility for the program and will appear on your I-20. The following costs are subject to change.

<table>
<thead>
<tr>
<th></th>
<th>1 Session</th>
<th>2 Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$1,025</td>
<td>$2,025</td>
</tr>
<tr>
<td>Mandatory Health Insurance</td>
<td>$64.16</td>
<td>$128.32</td>
</tr>
<tr>
<td>Estimated Living Expenses</td>
<td>$1,125</td>
<td>$2,250</td>
</tr>
<tr>
<td>Total Estimated Cost</td>
<td>$2,214.16</td>
<td>$4,403.32</td>
</tr>
<tr>
<td>Total Funds Required for Verification of Finances</td>
<td>$2,215</td>
<td>$4,404</td>
</tr>
</tbody>
</table>

* Estimated living expenses include housing, food, books, materials, and local transportation.

SECTION 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS

Applicant Name | Name on Passport (if different)
Family (last) Name: _______________________________ | Family (last) Name: _______________________________
Given (first) Name: _______________________________ | Given (first) Name: _______________________________
Middle Name: _______________________________ | Middle Name: _______________________________
City and Country of Birth: _______________________________
Country of Citizenship: _______________________________

If you are married and plan to have your dependents live in the U.S. while you are attending California State University, East Bay, please list your dependents below. Additional assets are required for each dependent: $5,000 for your spouse and $5,000 for each child per academic year.

<table>
<thead>
<tr>
<th>Family Name, Given Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Country of Birth</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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</tr>
</tbody>
</table>

*Please attach a copy of your dependents’ passports.

I certify that the information in this document is true, complete, and accurate.

______________________________________________________________________________   __________________________
Signature of Student (application cannot be processed without a written signature)   Date
Section 2: SOURCES OF FUNDS

YOU MUST PROVIDE REQUIRED DOCUMENTATION (bank statements, letter, or seal). Financial documents that demonstrate proof of funding must be in English and must:

- Be an official bank statement or bank letter on letterhead with a stamp/seal and/or bank officer’s signature.
- Demonstrate at least the minimum total estimated expenses for one semester or one academic year.
- Include an issue date that is within the recent 12 months of when you submit your application.
- Include the account holder’s name.
- Include a specific amount in dollars (USD).

<table>
<thead>
<tr>
<th>Type of Documentation</th>
<th>Acceptable</th>
<th>Not Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Letters</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Bank Statements (Savings or Checking Accounts)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Fixed/Term/Time Deposits - must be able to be withdrawn at any time without penalty</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Loan Letters</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Scholarship Letters (Private, Government, School, etc.)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Solvency Letter - Bank letter indicating funds immediately available to the individual</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Employer Letters / Salary Statements</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Line of Credit Letters</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Provident (Retirement) Fund Statements</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stock Market, Equity, or Mutual Fund Statements</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Life Insurance Policy</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Please enter amount of funds below: Minimum amount is the estimated cost for the length of your study. See page 1.

$_____________ PERSONAL FUNDS
$_____________ SCHOLARSHIP, GOVERNMENT, OR OTHER AGENCY FUNDS
$_____________ FAMILY OR PRIVATE INDIVIDUAL AS SPONSOR

Sponsor’s Name: _________________________________________ Relationship: ____________________

Sponsor’s Complete Address: ___________________________________________________________________

___________________________________________________________________

Sponsor: This is to certify that I (we) the undersigned agree to provide the funds required for study at CSUEB and that I (we) are submitting financial document(s) indicating the availability of these funds.

Sponsor’s Signature: ____________________________________________ Date: ____________________

HEALTH INSURANCE COMPLIANCE AGREEMENT

AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE

I have read the terms above and agree to obtain and maintain health insurance coverage pursuant to CSU minimum requirements. I understand that I will not be allowed to register until I have provided proof of insurance that meets the stated requirements.

________________________________________                                         __________________________
Signature                                                                                                                Date
I-20 Letter of Consent for F-1 International Students

If you currently hold F-1 status or will be changing your visa status to F-1, please indicate if you need an I-20 from the American Language Program at CSU, East Bay. If you are unsure, consult either with the Immigration Service or with your School International Student Advisor.

A. Please check one:
   □ Yes, I need to be issued an I-20 when (or if) I am admitted to the American Language Program.
   □ No, I do not need to be issued an I-20 from the American Language Program.

B. If you answered “yes” above, check one below:
   □ I am currently residing outside the U.S. and will use the I-20 to enter the U.S. in F-1 status.
   □ I currently have an I-20 from ____________________________________________________________
     (WRITE COMPLETE SCHOOL NAME, AND INCLUDE COPY OF I-20 WITH THIS FORM).
     My SEVIS number is N__________________________, and will expire ____________________________
     My I-94 number is ____________________________
     *Students transferring from another institution in the U.S. will receive an admission letter first. After completing the transfer process, new I-20 will be issued following New Student Orientation and class registration.
   □ I am currently in the U.S. in a non-immigrant status other than F-1, and plan to change my status to F-1.
     My current non-immigrant status is _______________, and will expire _________________
   □ I have an I-20 from CSU East Bay for ______________________________________________________
     (WRITE NAME OF PROGRAM, AND INCLUDE COPY OF I-20 WITH THIS FORM)
     My SEVIS number is N__________________________, and will expire ____________________________
     My I-94 number is ____________________________
   □ I am on OPT, which will expire ____________________________
     *If yes, you must submit a copy of your EAD card with your application.
   □ I am currently out of status, and must be reinstated.
   □ None of the above (explain): ______________________________________________________________

C. Written consent of the student must be received before releasing data about the student to other persons. If you wish to authorize someone to check your application status, please list the names below:

1. ____________________________________________ ___________________________
   Family Name    Given Name   Relationship to Student
2. ____________________________________________ ___________________________
   Family Name    Given Name   Relationship to Student

I certify that the information in this document is true, complete, and accurate.

_____________________________   ___________________________
Signature of Student (application cannot be processed without a written signature)   Date