Intensive English & IELTS Preparation Program Application Checklist

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

☐ $150 Non-refundable Application Fee
   Pay the $150 non-refundable application fee one of the following ways:
   - Attached with this application (bank draft, cashier’s check, personal check, or money order made payable to CSUEB)
   - Online (CASHNET)
     - You will only be able to pay online after you have submitted this application and have received your Net ID (CSUEB student ID).
   - In person at the University Cashier’s office (cashier’s check, personal check, or money order made payable to CSUEB)
     - Requires a Net 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.
2. Fill in your information on pages 1-4.
3. Sign (your written signature) on the bottom of each page.
4. Submit your application and other documents one of the following ways:

   Mail
   American Language Program
   California State University, East Bay
   25800 Carlos Bee Blvd., SF-102
   Hayward, CA 94542-3012

   E-mail (must be a scanned copy)
   alpgen@csueastbay.edu

   Fax
   (510) 885-2040

   In Person
   American Language Program
   California State University, East Bay
   25800 Carlos Bee Blvd., SF-102
   Hayward, CA 94542-3012
APPLICATION FOR INTENSIVE ENGLISH & 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/Province: ________________
Country: ____________________________ Postal code: ________________
Phone Number: ________________ E-mail: ____________________________

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

Address: ____________________________________________
City: ____________________________________________ State/Province: ________________
Country: ____________________________ Postal code: ________________
Phone Number: ________________ E-mail: ____________________________

When will you begin your studies?
Year: ________________
☐ Fall (September) ☐ Summer I (June)
☐ Winter (January) ☐ Summer II (July)
☐ Spring (March/April)

How long do you plan to study?
☐ 5 weeks (Summer only) ☐ 10 weeks
☐ 20 weeks ☐ 30 weeks

What are your plans after completing ALP?
☐ CSUEB Undergraduate Program
☐ CSUEB Graduate Program
☐ ALP Only

Do you have a CSUEB Net ID?
☐ Yes (What is it? ____________________________ )
☐ No

How did you find out about ALP?
☐ Recruiter: ____________________________________________
☐ Website: ____________________________________________
☐ ALP Student: ____________________________________________
☐ Other: ____________________________________________

Have you ever attended CSUEB ALP before?
☐ Yes ☐ No

Method of Payment: $150 non-refundable application fee (Refer to the application checklist for more details)
☐ Attached with this application ☐ Online ☐ In person

RECRUITERS ONLY – Please fill in ALL areas below

Company Name: ____________________________________________ Company Phone: ____________________________
Contact Person: ____________________________________________ Contact’s E-mail: ____________________________

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>Intensive English Program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees per Quarter</td>
<td>$3,000</td>
</tr>
<tr>
<td>Health Insurance per Quarter</td>
<td>$412</td>
</tr>
<tr>
<td>Estimated Living Expenses per Quarter</td>
<td>$6,000</td>
</tr>
<tr>
<td>Total Estimated Cost per Quarter</td>
<td>$9,412</td>
</tr>
<tr>
<td>Total Funds Required per Program for Verification of Finances</td>
<td>$9,412 per quarter</td>
</tr>
</tbody>
</table>

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

SECTION 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Name on Passport (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (last) Name:</td>
<td>Family (last) Name:</td>
</tr>
<tr>
<td>Given (first) Name:</td>
<td>Given (first) Name:</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>Middle Name:</td>
</tr>
<tr>
<td>City and Country of Birth:</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship:</td>
<td></td>
</tr>
</tbody>
</table>

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.

<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>
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<tr>
<td>2.</td>
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<td>3.</td>
<td></td>
<td></td>
<td></td>
</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
Please enter amount of funds below.
YOU MUST PROVIDE REQUIRED DOCUMENTATION (bank statements, letter, or seal).

$ __________ PERSONAL FUNDS
Funds must be in the student’s name, and an original letter in English from the student’s financial institution must be provided. The letter should include the student’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

$ __________ SCHOLARSHIP, GOVERNMENT, OR OTHER AGENCY FUNDS
An original letter in English from the sponsorship agency must be provided. The letter should include the student’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

$ __________ FAMILY OR PRIVATE INDIVIDUAL AS SPONSOR
Your sponsor must complete the affidavit below, and provide an original letter in English from the sponsor’s financial institution. The letter should include the sponsor’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

Sponsor’s Name: ______________________________________
Relationship: ______________________________________
Sponsor’s Complete Address: ______________________________________

I guarantee without reservation to support annually the educational costs and living expenses including tuition and fees, meals, books, supplies, health insurances, medical and emergency expenses of the student named on the reserve of this form while the student is enrolled at California State University, East Bay. I also agree to furnish additional support for this student’s dependents travelling to the U.S., if any, as listed in Section 1. I further guarantee that the student will not become a public charge during his/her stay in the U.S.

____________________________________________________  __________________________
Sponsor’s Signature (must be a written signature)    Date

Please complete this statement of finances completely.
The information you provide will determine what will appear on your I-20.

HEALTH INSURANCE COMPLIANCE AGREEMENT

AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE
Website Link: http://www20.csueastbay.edu/cie/f1students/insurance.html

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 of Student (application cannot be processed without a written 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