Intensive English Program & Conditional Admission to Cal State East Bay Undergraduate Degree Programs

Application Checklist

☐ Intensive English Program & Conditional Admission to Cal State East Bay Undergraduate Degree Programs 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 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.

[Additional documents for Conditional Admission applicants only]

☐ Copies of official academic records (diploma/transcripts) from secondary school or any college or university attended
   Transcripts should be both in original language and a certified translation into English. Official, sealed transcripts must be submitted before enrolling in a degree program.

** The university application via Cal State Apply and $55 application fee must be submitted before enrolling in a degree program.

Application Steps:

1. Print pages 1-4 and fill in your information.
2. Sign (your written signature) on the bottom of each page.
3. 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

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

   (510) 885-2040

Revised Feb 2018
Application for Intensive English Program
& Conditional Admission to Cal State East Bay Undergraduate Degree Programs

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: ____________________________

(ALP is authorized to send the student’s Net ID to this e-mail.)

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

Address: ____________________________

City: ____________________________ State/Province: ____________________________

Country: ____________________________ Postal code: ____________________________

Phone Number: ____________________________ E-mail: ____________________________

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

When will you begin your studies?

☐ Spring 2018 (March)

☐ Summer 2018 (June)

☐ Fall 1 2018 (August) ☐ Spring 1 2019 (January)

☐ Fall 2 2018 (October) ☐ Spring 2 2019 (March)

☐ More than 1 academic year*

☐ CSUEB Undergraduate Program

☐ Less than 1 academic year*

☐ CSUEB Graduate Program

☐ 1 academic year = 2 semesters

☐ ALP Only

= 32 weeks

How long do you plan to study?

What are your plans after completing ALP?

Do you have a CSUEB Net ID?

☐ Yes (What is it? ____________________________)

☐ Recruiter: ____________________________

☐ No

☐ Website: ____________________________

☐ ALP Student: ____________________________

☐ Other: ____________________________

☐ Recruiter: ____________________________

How did you find out about ALP?

☐ Website: ____________________________

☐ No

☐ ALP Student: ____________________________

☐ Other: ____________________________

Have you ever attended CSUEB ALP before?

☐ Yes ☐ No

☐ Recruiter: ____________________________

Method of Payment: $150 non-refundable application fee (Refer to the application checklist for more details)

☐ Attached with this application ☐ Online ☐ In person

☐ Website: ____________________________

☐ ALP Student: ____________________________

☐ In person

☐ Other: ____________________________

☐ Recruiter: ____________________________

RECRUITERS ONLY – Please fill in ALL areas below

Contact Person: ____________________________ Company Phone: ____________________________

Company Name: ____________________________ 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. A Student Health Center fee is to be announced, and not included in the fees below for fall 2018 at this point.

<table>
<thead>
<tr>
<th></th>
<th>Summer Session 2018 (8 weeks)</th>
<th>Starting Fall 2018 1 Semester (16 weeks)</th>
<th>Starting Fall 2018 1 Academic Year (32 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$2,601</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$275</td>
<td>$618</td>
<td>$1,236</td>
</tr>
<tr>
<td>Estimated Living Expenses</td>
<td>$4,500</td>
<td>$9,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>Total Estimated Cost</td>
<td>$7,376</td>
<td>$14,618</td>
<td>$29,236</td>
</tr>
<tr>
<td>Total Funds Required for Verification of Finances</td>
<td>$7,376 per session</td>
<td>$14,618 per semester</td>
<td>$29,236 per academic year</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>
</tbody>
</table>

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>
</tr>
<tr>
<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
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: _______________________________________________________________

________________________________________             __________________________
Signature                                                                                                                Date:

HEALTH INSURANCE COMPLIANCE AGREEMENT

AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE
Website Link: http://www.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                                                                                                                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 ____________________________, 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 ____________________________, 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