Pre-MBA, Diploma, & Certificate Program Application Checklist

☐ Pre-MBA, Diploma, & Certificate Program 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)
     o 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)
     o 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.

☐ Official TOEFL or IELTS Score

☐ Official Transcript verifying completion of 4-year bachelor degree or equivalent
   Transcripts should be both in your native language and translated into English.

** Pre-MBA students
   The university application for MBA via Cal State Apply and $55 application fee must be submitted before enrolling in the program.

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
   5.

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
APPLICATION FOR PRE-MBA, DIPLOMA, & CERTIFICATE 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: ________________________________
(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) □ Fall 2 2018 (October)
□ Summer 2018 (June) □ Spring 1 2019 (January)
□ Fall 1 2018 (August) □ Spring 2 2019 (March)
(Note: Paralegal Studies starts in Spring 1 or Fall 1 only)

Which program are you interested in studying?

□ International Business Diploma
□ International Business Diploma with Optional Practical Training
□ Paralegal Studies
□ Pre-MBA

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 ALP?

□ Recruiter: ____________________________________________________________
□ Website: ____________________________________________________________
□ ALP Student: ____________________________________________________________
□ Other: ____________________________________________________________

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

### Starting Fall 2018

<table>
<thead>
<tr>
<th></th>
<th>Pre-MBA (8 weeks x 2 sessions)</th>
<th>International Business (8 weeks x 4 sessions)</th>
<th>Paralegal Studies (8 weeks x 5 sessions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees per Session</td>
<td>$3,600</td>
<td>$2,550</td>
<td>$1,530</td>
</tr>
<tr>
<td>Health Insurance per Session</td>
<td>$309</td>
<td>$309</td>
<td>$309</td>
</tr>
<tr>
<td>Estimated Living Expenses per Session</td>
<td>$4,500</td>
<td>$4,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>Total Estimated Cost per Session</td>
<td>$8,409</td>
<td>$7,359</td>
<td>$6,339</td>
</tr>
</tbody>
</table>

**Total Funds Required per Program for Verification of Finances**

- **$16,818** per program (16 weeks)
- **$29,436** per program (32 weeks)
- **$31,695** per program (40 weeks)

*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. *Please attach a copy of your dependents’ passports.*

<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>

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
Website Link: [http://www.csueastbay.edu/cie/f1students/insurance.html](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