Visiting Student Program Application Checklist

☐ Visiting Student 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 of undergraduate courses taken at home university
   Transcripts should be both in your native language and translated into English.

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 VISITING STUDENT 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: ___________________________

(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/Providence: ___________________________

Country: __________________________ Postal code: ___________________________

Phone Number: __________________________ E-mail: ___________________________

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

When will you begin your studies?

Year: ___________

□ Fall (September) □ Spring (March/April)

□ Winter (January) □ Summer (June)

How long do you plan to study?

□ 10 weeks

□ 20 weeks

□ 30 weeks

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

American Language Program · California State University, East Bay · 25800 Carlos Bee Boulevard, Hayward, CA 94542-3012
Phone: (510) 885-2358 · Fax: (510) 885-2040 · E-mail: alpgen@csueastbay.edu · Website: http://www.csueastbay.edu/ALP/
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>Cost Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees per Quarter</td>
<td>~$4,000</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>$10,412</td>
</tr>
</tbody>
</table>

Total Funds Required per Program for Verification of Finances: $10,412 per quarter

*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.

<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>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<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 __________________________, 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

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