

DEFERRAL

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: _____

(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/Province: _____

Country: _____ Postal code: _____

Phone Number: _____ E-mail: _____

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

<p>When will you begin your studies? Year: _____ <input type="checkbox"/> Summer (May) <input type="checkbox"/> Fall 1 (August) <input type="checkbox"/> Spring 1 (January) <input type="checkbox"/> Fall 2 (October) <input type="checkbox"/> Spring 2 (March)</p>	<p>How long do you plan to study? <input type="checkbox"/> 8 weeks only <input type="checkbox"/> Less than 1 academic year * <input type="checkbox"/> More than 1 academic year* * 1 academic year = 2 Semesters = 32 weeks</p>	<p>What are your plans after completing ALP? <input type="checkbox"/> CSUEB Undergraduate Program <input type="checkbox"/> CSUEB Graduate Program <input type="checkbox"/> ALP Only</p>
<p>Do you have a CSUEB Net ID? <input type="checkbox"/> Yes (What is it? _____) <input type="checkbox"/> No Have you ever attended CSUEB ALP before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How did you find out about ALP? <input type="checkbox"/> Recruiter: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> ALP Student: _____ <input type="checkbox"/> Other: _____</p>	
<p>Method of Payment: \$150 non-refundable application fee (Refer to the application checklist for more details) <input type="checkbox"/> Attached with this application <input type="checkbox"/> Online <input type="checkbox"/> In person</p>		
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