

DEFERRAL

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/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.)

<p>When will you begin your studies?</p> <p>Year: _____</p> <p><input type="checkbox"/> Summer (May)</p> <p><input type="checkbox"/> Fall (August)</p> <p><input type="checkbox"/> Spring (January)</p>	<p>How long do you plan to study?</p> <p><input type="checkbox"/> 1 Semester (16 weeks)</p> <p><input type="checkbox"/> 2 Semesters (32 weeks)</p> <p><input type="checkbox"/> 1 Semester + Summer</p> <p><input type="checkbox"/> 2 Semesters + Summer</p>	<p>What are your plans after completing the Visiting Program?</p> <p><input type="checkbox"/> CSUEB Undergraduate Program</p> <p><input type="checkbox"/> CSUEB Graduate Program</p> <p><input type="checkbox"/> Other _____</p>
<p>Do you have a CSUEB Net ID?</p> <p><input type="checkbox"/> Yes (What is it? _____)</p> <p><input type="checkbox"/> No</p> <p>Have you ever attended CSUEB ALP before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How did you find out about ALP?</p> <p><input type="checkbox"/> Recruiter: _____</p> <p><input type="checkbox"/> Website: _____</p> <p><input type="checkbox"/> ALP Student: _____</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Method of Payment: \$150 non-refundable application fee (Refer to the application checklist for more details)</p> <p><input type="checkbox"/> Attached with this application <input type="checkbox"/> Online <input type="checkbox"/> In person</p>		
<p>RECRUITERS ONLY – Please fill in ALL areas below</p>		
<p>Company Name: _____ Company Phone: _____</p> <p>Contact Person: _____ Contact's E-mail: _____</p>		

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