

APPLICATION FORM

CALIFORNIA STATE UNIVERSITY, LONG BEACH AMERICAN LANGUAGE INSTITUTE



STUDENT INFORMATION

Family Name		Given Name	Middle Name
Student/Agent Mailing address (Where I-20 will be mailed):			
City		Country	Postal Code
Phone	Fax		
Email	Date of Birth MM / DD / YYYY	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Country of Birth	Country of Citizenship		

CONTACT INFORMATION IN HOME COUNTRY

Permanent Address

City	Country	Postal Code
Phone	Fax	

PROGRAM CHOICE

Check the box of the term you wish to begin.

Program	Fall	Spring	Summer
Intensive English Program	<input type="checkbox"/> August-December (16 weeks)	<input type="checkbox"/> January-May (16 weeks)	<input type="checkbox"/> May-August (13 weeks)
MBA Prep Program	<input type="checkbox"/> August-December (16 weeks)	<input type="checkbox"/> January-May (16 weeks)	<input type="checkbox"/> May-August (13 weeks)
Prep Program	<input type="checkbox"/> November-December (7 weeks)	<input type="checkbox"/> April-May (6 weeks)	<input type="checkbox"/> July-August (6 weeks)
Practical English Program			<input type="checkbox"/> July (3 weeks) <input type="checkbox"/> August (3 weeks)

How did you learn about the American Language Institute?

What are your plans after attending the American Language Institute?

Attend a degree program at CSULB. Yes No

Have you applied for a degree program at www.csumentor.edu? Yes No

If yes, what is your campus ID number?

iec online GmbH
Marienstrasse 19/20, D-10117 Berlin
Tel. +49 (0)30-20458687
www.ieconline.de

Student Name

METHOD OF PAYMENT

I am enclosing the following amounts with my application:

\$150 Non-Refundable ALI Application Fee + Tuition = Total Amount Due

by

- Check, Money order or Bank draft (made payable to "CSULB")
Wire transfer (contact ali@ccpe.csulb.edu for instructions)
Credit (check one) Visa Mastercard

Account Number Expiration Date MM / YYYY

PRINT Name as it appears on card Authorized Signature CVV Number

CONFIRMATION OF ACCEPTANCE



- Send my confirmation of acceptance by mail to mailing address or
Confirmation will be picked up in person at the American Language Institute, 1250 Bellflower Blvd, BH-201, Long Beach, CA 90840. When it is ready, please contact:

Name Email Phone

TRANSFER STUDENTS ONLY

If you are transferring from a school in the U.S., please complete the following:

Name of School Phone Fax Dates Attended Type of Visa

- I will be staying in the U.S. before coming to the American Language Institute. I will be returning home before coming to the American Language Institute.

VISAS FOR DEPENDENTS

If your spouse or children will accompany you on F-2 visas, please write their names, birth dates, and citizenship below (attach additional pages if necessary).

Name Date of birth MM / DD / YYYY Citizenship

Relationship Country of Birth Male Female

Name Date of birth MM / DD / YYYY Citizenship

Relationship Country of Birth Male Female

SIGNATURE

I verify that the information contained in this application is accurate.

Signature of Student (application cannot be processed without a signature) Date