

Semester at CI Application

Fall 20 ____: August Spring 20 ____: January One Semester Academic Year/Two Semesters

APPLICANT INFORMATION			
Family Name	Given Name	M.I.	Date
Date of Birth (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address			
Phone	E-mail Address		
Country of Birth	Country of Citizenship	Native Language	
Are you currently attending a college or university in your home country? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please give the name of school:			
Your academic standing is: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student		What is your Major?	
Have you taken the TOEFL or IELTS? Exam Date:		Score:	
Do you need to apply for an F-1 Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have dependent's please provide their name, date of birth, country of birth, and citizenship on an additional sheet of paper to receive a separate I-20 for each dependent.			
Do you want information on housing: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is an agent helping you? Agent name _____ Agent Email _____			

FINANCIAL SUPPORT
<input type="checkbox"/> Scholarship <input type="checkbox"/> Parent/Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Personal Savings
I (sponsor) _____ certify that I will assume full financial responsibility (including educational expenses and living expenses) for (name of applicant) _____ while he/she is enrolled in the semester abroad program at Cal State Channel Islands.
The applicant is my (relationship to sponsor) _____
Signature _____ Date _____ Email address of sponsor _____
Please include the sponsor's bank statement copy showing that there are sufficient funds to cover the students expenses while in the U.S., bank verification letters must have a current date and show funds available.

SIGNATURE X _____	DATE _____
<i>I certify that the above information is true and correct.</i>	

METHOD OF PAYMENT	
A.	Cashier's check or money order payable to CSUCI
B.	Credit Card Number _____ Exp. Date ____/____ (MM/YY) (Visa is NOT accepted. MasterCard, Discover, or American Express please)
Card holder name _____	
Signature _____ Date _____	

Please submit the following to the Center for International Affairs Office along with your application form:

1. Bank statement
2. Financial affidavit form
3. TOEFL/IELTS Score
4. Passport copy
5. \$150 Nonrefundable application fee

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