

APPLICATION FORM ALCP

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

STUDENT INFORMATION

Applicant Information (as it appears on passport)

Gender: Male
 Female

Date of Birth: _____
Month: _____ Day: _____ Year: _____

Full Name (Last,
Name, First Name): _____

Address Line 1: _____

Address Line 2: _____

City/State or Province: _____

Country _____

ZIP Code: _____

E-mail-Address _____

Country of Citizenship _____

Native Language _____

VISA STATUS

- Requesting an I-20 to enter the U.S. on an F-1 Student Visa
- Transferring an I-20 from another school in the U.S.
- I-20 not necessary (e.g. resident alien, U.S. Citizen, etc.)

PROGRAM SELECTION

Program Type:

- ALCP Intensive English Program Only
- ALCP Intensive English Language Program with Conditional Admissions to CSUDH Degree Program (2 English Courses/2 University Courses)
- ALCP **Study Abroad** America: Semester at CSUDH

Housing Preference:

- Apartment on Campus
- Homestay
- No Housing Assistance Needed

Program Start:

- Spring Year: _____
- Fall
- Other (only applies for English Program) _____
Contact IEC for current program schedule

INFORMATION RELEASE

Information about your application can be released to the following person:

Name: Julia Fischer (IEC Online GmbH)
Relationship: Agent

CERTIFICATION

All applicants must sign below.

I certify that the information I have provided on this application is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application or admission. Important Reminder: Only complete applications will be reviewed.

Student Signature: _____

Place, date (mm/dd/yyyy): _____

Authorization for IEC to process the application

I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on the Application Form of the California State University, Fullerton via an electronic online application form created and maintained by the California State University, Fullerton.

Student Signature: _____

Place, date (mm/dd/yyyy): _____

Please submit your application with all required documents to IEC:

IEC Online GmbH
Marienstrasse 19/20
D- 10117 Berlin
Germany