

APPLICATION FORM

CALIFORNIA STATE UNIVERSITY, FULLERTON

PROGRAM SELECTION

Study Abroad:

- Spring
 Fall

Year: _____

Are you applying for one or two study abroad semesters? _____

STUDENT INFORMATION

Applicant Information – Name as it appears on passport!

First Name(s): _____

Last Name: _____

Email: _____

(Bitte keine @hotmail-Adresse angeben!)

Country of Birth: _____

Country of Citizenship: _____

Native Language: _____

Date of Birth:

Month: _____

Day: _____

Year: _____

Gender:

Male

Female

Marital Status:

Single

Married

Will your children
accompany you to the
U.S.?:

Yes

Not coming with me to the U.S.

I don't have children.

Student's Permanent Address in Home Country

Street Name & Number: _____

City: _____

State/Province: _____
Zip/Postal Code: _____
Country: _____
International phone number: _____

High School

Name of High School: _____
Street Address: _____
State/ Province: _____
City: _____
Postal Code: _____
Attendance Dates (Month/Year):
From _____ To _____

EDUCATION HISTORY

Name of current University/College: _____
What is your major? _____

If you have taken TOEFL, IELTS or DAAD, please enter the score: _____

Are you currently attending a college or university in your home country?

- Yes
- No

Are you currently in the United States?

- Yes
- No

Are you a permanent resident of the U.S., (do you own a Green Card) or U.S. citizen?

- Yes
- No

Are you transferring from another school in the United States?

- Yes
- No

INFORMATION RELEASE

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

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

FINANCIAL SUPPORT

Source of financial support:

- Scholarship: _____
- Parent/Family Member: _____
- Sponsor: _____
- Personal Savings

Please check the box below:

- I have read and agree to the University Semester Abroad refund policy (<http://usa.fullerton.edu/dates#refundpolicy>) as stated on the website. I certify that the above information is true and correct. Note: The refund policy is subject to change at any time.

APPLICATION FEE

All applicants must pay the non-refundable application fee. Your application will not be processed without your signature and application fee.

Method of Payment

Credit Card

Please choose one of the following:

- Visa
- MasterCard
- Other: _____

Total amount to be charged: \$ _____ USD

Credit Card Number: _____

Expiration Date (month/year): _____

CVV2 (security code): _____

Cardholder's name: _____

Cardholder's Relationship to
Student (e.g. father, friend, self) _____

Billing Address: _____

Cardholder's Signature: _____

By signing above, I authorize the California State University, Fullerton to charge my credit card for the amount I have entered above.

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.

Applicant's 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.

Applicant's Signature: _____

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

Please submit your application with all required documents to IEC:

IEC Online GmbH
z.Hd. Team Americas
Marienstrasse 19-20
10117 Berlin
Germany