APPLICATION PACKET CHECKLIST

- Complete the International Summer Session Application Form
- Submit bank document or scholarship verification of support funds
- Submit copy of passport information page (name, date of birth, citizenship, etc.)
- Submit copy of home university transcript with English translation
- Submit proof of English proficiency test results *no more than one year old
- Submit $150 application fee (non-refundable)

Only complete application packets will be reviewed, please submit all documents together in one package.

APPLICATION DEADLINE

- If you are applying from outside the United States, your application materials should arrive at Cal State L.A. at least three months prior to the start of the academic term, in order for you to apply for the F-1 student visa stamp at the nearest U.S. Embassy or Consulate and make travel arrangements.
- If you are applying from within the United States or are transferring from another school, you application should arrive at Cal State L.A. no later than one month before the start of each term.

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Classes Start</th>
<th>Classes End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session I (10 weeks)</td>
<td>June 23</td>
<td>September 6</td>
</tr>
<tr>
<td>Session II (5 weeks)</td>
<td>June 23</td>
<td>July 26</td>
</tr>
<tr>
<td>Session III (5 weeks)</td>
<td>July 28</td>
<td>August 30</td>
</tr>
</tbody>
</table>

SUBMIT THE COMPLETED APPLICATION PACKET

By Mail
California State University, Los Angeles
International Office
Attn: Jennifer/International Summer Session
5151 State University Drive
Los Angeles, CA 90032-8619

By E-mail
international@calstatela.edu
Attn: Jennifer/International Summer Session

By Fax
001-323-343-6478
Attn: Jennifer/International Summer Session
APPLICATION FORM

Instructions: Please type your responses on the application, answering every question. Do not abbreviate. Write “n/a” if a question does not apply to you. After completing this form, please sign and date.

PERSONAL DATA

Name ________________________________________________________________

*As on your passport     Last Name _______________________________________

Date of birth ___/___/______ Gender ☐ Male ☐ Female      Phone (___________)

City of birth __________________________________________ Country of birth ______________________

Country of permanent residence __________________________ Country of citizenship ______________________

Permanent address in home country ________________________________

City ______________________ Country ____________________________ Postal code/zip code ___________

Mailing address (if different from permanent address) ________________________________

City ______________________ Country ____________________________ Postal code/zip code ___________

Primary email ______________________________ Alternate email ____________________________

Have you have attached a copy of your current passport ☐ Yes ☐ No (If no, when will you send a copy?) ___/___/____

Have you have attached a copy of your TOEFL/IELTS score report ☐ Yes ☐ No (If no, when will you send a copy?) ___/___/____

INTERNATIONAL OFFICE
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

ACADEMIC PROGRAM INFORMATION

Desired Summer session(s)
☐ Session I: June 23 - September 6
☐ Session II: June 23 - July 26
☐ Session III: July 28 - August 30

Will you need Cal State L.A. on-campus summer housing?
☐ Yes ☐ No

☐ Session I: June 23 - September 6
☐ Session II: June 23 - July 26
☐ Session III: July 28 - August 30

Home university ____________________________________________________________

Field of study at home university __________________________

Transcript included? ☐ Yes ☐ No

Please select up to three Cal State L.A. summer courses and two alternative courses below. (Example: ECON-Microeconomic Theory)
http://web.calstatela.edu/extension/summer/index.htm (An I-20 will be given to students taking at least 8 units per session as a full-time student.) Students enrolling in Cal State L.A. summer session courses are expected to fulfill all prerequisites before the first day of school.

The University cannot guarantee the availability of classes; therefore it is important that students be flexible in their course selection and schedule.

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Alternate 1. _________________________________________________________

Alternate 2. _________________________________________________________

METHOD OF PAYMENT

☐ Bank check enclosed—drawn on a U.S. bank account and made payable to Cal State L.A., a money order or cashier's check.

DECLARATION AND CERTIFICATION OF FINANCES

Participants must show proof that they have the available funds to support themselves for the entire length of the program at Cal State L.A. The cost of living can be expensive in California; please keep in mind that your expenses will vary depending on your choice of accommodation and your personal spending habits. The amounts listed below are average expenses. In order to qualify for and I-20 Certificate of Eligibility for an F-1 Student Visa you must demonstrate that you have sufficient funds to cover these expenses.

<table>
<thead>
<tr>
<th>Cost</th>
<th>(8 units / 2 courses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session I (10 weeks)</td>
<td>$8,544</td>
</tr>
<tr>
<td>Session II (5 weeks)</td>
<td>$7,573</td>
</tr>
<tr>
<td>Session III (5 weeks)</td>
<td>$7,573</td>
</tr>
</tbody>
</table>

- Tuition and fees are subject to change without prior notice.
- Married students who are accompanied by their spouse and/or children must show additional funds $1,500 for their spouse and $1,000 per child.

TRANSFER STUDENT INFORMATION

Complete this section if you are currently an International Student at another U.S. school and are transferring to Cal State L.A. International Summer Session.

Name of your current school ___________________________ Your SEVIS ID number _______________________

School address ______________________________________ State __________________________ Zip Code _________________

City ______________________________________ State __________________________ Zip Code _________________

Name of your advisor ___________________________ Advisor’s Telephone Number (______) ______________________

if at your current school

Advisor’s email ___________________________ Advisor’s Fax Number (______) ______________________

If you are a transfer student, will you be leaving the U.S. before starting our program?  ☐ Yes ☐ No

If yes, what is the date you will be leaving the U.S.? (MM/DD/YYYY) __________________ / ________ / _________

If transferring from another school in the U.S., please provide:

☐ copies of all the I-20s from the schools you have attended
☐ copy of your passport photo page
☐ copy of your visa
☐ copies of the front and back of your I-94 form
APPLICATION FORM

SOURCE OF FINANCIAL SUPPORT

Indicate the amount of financial support in U.S. dollars each category available for the duration of your participation in the program.

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>$</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/family funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home government funds:</td>
<td></td>
<td>Agency:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other funds:</td>
<td></td>
<td>Description:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total funds available:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION OF FINANCIAL SUPPORT

"I guarantee that the sum of (U.S. dollars) $ __________ will be available to ___________________________ for his/her study at California State University, Los Angeles."

Student’s name

Name of sponsor ___________________________ Relationship to student ___________________________

Address of sponsor ___________________________

Sponsor’s signature ___________________________ Date ___________________________

Bank Certification *(This section must be completed by a bank official)*

Name of depositor: ___________________________

Account type: ☐ Checking ☐ Savings ☐ Other ___________________________

Current balance: $ __________ in U.S. Dollars

Bank name: ___________________________

Bank address: ___________________________

Name of bank official: ___________________________

Signature of bank official: ___________________________

Bank Seal or Stamp *(Required)*

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

_________________________________________ Date