

## Visiting Student Program Application Checklist

- Visiting Student Program Application** (4 pages total)  
All pages must be filled completely and signed before submitting the application.
- \$100 Non-refundable Application Fee**  
Pay the \$100 non-refundable application fee one of the following ways:
  - **Attached with this application** (bank draft, cashier's check, personal check, or money order made payable to **CSUEB**)
  - **Online** ([CASHNET](#) or [peerTransfer](#))
    - You will only be able to pay online after you have submitted this application and have received your Net ID (CSUEB student ID).
  - **In person at the University Cashier's office** (cashier's check, personal check, or money order made payable to **CSUEB**)
    - Requires a Net ID.
- Verification of Finances**  
Send bank statements, letter, or seal to verify your financial support.
- Copy of Passport**  
Send a copy of your passport with your photo and personal information.
- Official TOEFL or IELTS Score**
- Official Transcript of undergraduate courses taken at home university**  
Transcripts should be both in your native language and translated into English.

### **Application Steps:**

1. **Type in your information on pages 1-4.**
2. **Print pages 1-4.**
3. **Sign (your written signature) on the bottom of each page.**
4. **Submit your application and other documents one of the following ways**

**Skicka ansökan till STUDY INTERNATIONAL / STUDIN**  
**Västra Hamngatan 20**  
**411 17 GÖTEBORG**  
**www.studin.se**  
**info@studin.se**

## APPLICATION FOR VISITING STUDENT PROGRAM

**STUDENT INFORMATION** (must be the same as passport)

Family (Last) Name: \_\_\_\_\_

Given (First) Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  Male  Female

**STUDENT'S PERMANENT (HOME COUNTRY) ADDRESS**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

(ALP is authorized to send the student's Net ID to this e-mail.)

**WHERE SHOULD THE STUDENT'S I-20 BE SENT?**

Address: Study International - Västra Hamngatan 20

City: Gothenburg State/Province: \_\_\_\_\_

Country: Sweden Postal code: 411 17

Phone Number: +46 31-13 80 85 E-mail: frida@studin.se; info@studin.se

(UPS tracking information will be sent to this e-mail.)

<p><b>When will you begin your studies?</b></p> <p>Year: _____</p> <p><input type="checkbox"/> Fall (September)      <input type="checkbox"/> Summer I (June)</p> <p><input type="checkbox"/> Winter (January)      <input type="checkbox"/> Summer II (July)</p> <p><input type="checkbox"/> Spring (March/April)</p>	<p><b>How long do you plan to study?</b></p> <p><input checked="" type="checkbox"/> 10 weeks</p> <p><input type="checkbox"/> 20 weeks</p> <p><input type="checkbox"/> 30 weeks</p>	
<p><b>Do you have a CSUEB Net ID?</b></p> <p><input checked="" type="checkbox"/> Yes (What is it? _____)</p> <p><input type="checkbox"/> No</p> <p><b>Have you ever attended CSUEB ALP before?</b></p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>How did you find out about ALP?</b></p> <p><input checked="" type="checkbox"/> Recruiter: <u>Study International</u></p> <p><input type="checkbox"/> Website: _____</p> <p><input type="checkbox"/> ALP Student: _____</p> <p><input type="checkbox"/> Other: _____</p>	
<p><b>Method of Payment:</b> \$100 non-refundable application fee (Refer to the application checklist for more details)</p> <p><input checked="" type="checkbox"/> Attached with this application      <input type="checkbox"/> Online      <input type="checkbox"/> In person</p>		
<p><b>RECRUITERS ONLY – Please fill in ALL areas below</b></p>		
<p>Company Name: <u>Study International</u></p>		<p>Company Phone: <u>+4631-138085</u></p>
<p>Contact Person: <u>Frida Karlsson</u></p>		<p>Contact's E-mail: <u>frida@studin.se</u></p>

I certify that the information in this document is true, complete, and accurate.

\_\_\_\_\_  
Signature of Student (application cannot be processed without a written signature)

\_\_\_\_\_  
Date

## DECLARATION OF FINANCES FOR INTERNATIONAL (F1) STUDENTS

International Students must provide proof of sufficient financial support to meet all necessary expenses while attending the American Language Program and California State University, East Bay. The information you provide will determine your eligibility for the program and will appear on your I-20. The following costs are subject to change:

	<b>Visiting Student Program</b>
<b>Tuition &amp; Fees per Quarter</b>	~\$4,000
<b>Estimated Living Expenses per Quarter</b>	\$5,000
<b>Total Estimated Cost per Quarter</b>	\$9,000
<b>Total Funds Required <u>per Program</u> for Verification of Finances</b>	<b>\$9,000 per quarter</b>

*\* Estimated living expenses include housing, food, insurance, books, materials, and local transportation.*

### **SECTION 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS**

<b>Applicant Name</b>	<b>Name on Passport (if different)</b>
Family (last) Name: _____	Family (last) Name: _____
Given (first) Name: _____	Given (first) Name: _____
Middle Name: _____	Middle Name: _____
City and Country of Birth: _____	
Country of Citizenship: _____	

If you are married and plan to have your dependents live in the U.S. while you are attending California State University, East Bay, please list your dependents below. *Additional assets are required for each dependent: \$5,000 for your spouse and \$2,500 for each child.*

Family Name, Given Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to Student
1.			
2.			
3.			

**\*Please attach a copy of your dependents' passports.**

I certify that the information in this document is true, complete, and accurate.

\_\_\_\_\_  
Signature of Student (application cannot be processed without a written signature)

\_\_\_\_\_  
Date

**SECTION 2: SOURCES OF FUNDS**

Please enter amount of funds below.

**YOU MUST PROVIDE REQUIRED DOCUMENTATION** (bank statements, letter, or seal).

\$ \_\_\_\_\_ **PERSONAL FUNDS**

Funds must be in the student’s name, and an original letter in English from the student’s financial institution must be provided. The letter should include the student’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

\$ \_\_\_\_\_ **SCHOLARSHIP, GOVERNMENT, OR OTHER AGENCY FUNDS**

An original letter in English from the sponsorship agency must be provided. The letter should include the student’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

\$ \_\_\_\_\_ **FAMILY OR PRIVATE INDIVIDUAL AS SPONSOR**

Your sponsor must complete the affidavit below, and provide an original letter in English from the sponsor’s financial institution. The letter should include the sponsor’s name, total amount of funds available, and must be dated no earlier than one year before the start of the quarter for which the student is applying.

Sponsor’s Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Sponsor’s Complete Address: \_\_\_\_\_  
\_\_\_\_\_

I guarantee without reservation to support annually the educational costs and living expenses including tuition and fees, meals, books, supplies, health insurances, medical and emergency expenses of the student named on the reserve of this form while the student is enrolled at California State University, East Bay. I also agree to furnish additional support for this student’s dependents travelling to the U.S., if any, as listed in Section 1. I further guarantee that the student will not become a public charge during his/her stay in the U.S.

\_\_\_\_\_  
Sponsor’s Signature (must be a written signature)

\_\_\_\_\_  
Date

Please complete this statement of finances completely.  
The information you provide will determine what will appear on your I-20.

**HEALTH INSURANCE COMPLIANCE AGREEMENT**

**AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE**

Website Link: <http://www20.csueastbay.edu/cie/f1students/insurance.html>

I have read the terms above and agree to obtain and maintain health insurance coverage pursuant to CSU minimum requirements. I understand that I will not be allowed to register until I have provided proof of insurance that meets the stated requirements.

\_\_\_\_\_  
Signature of Student (application cannot be processed without a written signature)

\_\_\_\_\_  
Date

## I-20 Letter of Consent for F-1 International Students

If you currently hold F-1 status or will be changing your visa status to F-1, please indicate if you need an I-20 from the American Language Program at CSU, East Bay. If you are unsure, consult either with the Immigration Service or with your School International Student Advisor.

**A. Please check one:**

- Yes, I need to be issued an I-20 when (or if) I am admitted to the American Language Program.
- No, I do not need to be issued an I-20 from the American Language Program.

**B. If you answered "yes" above, check one below:**

- I am currently residing outside the U.S. and will use the I-20 to enter the U.S. in F-1 status.
- I currently have an I-20 from \_\_\_\_\_

(WRITE COMPLETE SCHOOL NAME, AND **INCLUDE COPY OF I-20 WITH THIS FORM**).

My SEVIS number is N \_\_\_\_\_, and will expire \_\_\_\_\_

My I-94 number is \_\_\_\_\_

*\*Students transferring from another institution in the U.S. will receive an admission letter first. After completing the transfer process, new I-20 will be issued following New Student Orientation and class registration.*

- I am currently in the U.S. in a non-immigrant status other than F-1, and plan to change my status to F-1.
- My current non-immigrant status is \_\_\_\_\_, and will expire \_\_\_\_\_

- I have an I-20 from CSU East Bay for \_\_\_\_\_
- (WRITE NAME OF PROGRAM, AND **INCLUDE COPY OF I-20 WITH THIS FORM**)

My SEVIS number is N \_\_\_\_\_, and will expire \_\_\_\_\_

My I-94 number is \_\_\_\_\_

- I am on OPT, which will expire \_\_\_\_\_
- \*If yes, you must submit a **copy of your EAD card** with your application.*

- I am currently out of status, and must be reinstated.

- None of the above (explain): \_\_\_\_\_

**C. Written consent of the student must be received before releasing data about the student to other persons. If you wish to authorize someone to check your application status, please list the names below:**

- |    |             |            |                         |
|----|-------------|------------|-------------------------|
| 1. | _____       | _____      | _____                   |
|    | Family Name | Given Name | Relationship to Student |
| 2. | _____       | _____      | _____                   |
|    | Family Name | Given Name | Relationship to Student |

I certify that the information in this document is true, complete, and accurate.

\_\_\_\_\_  
Signature of Student (application cannot be processed without a written signature)

\_\_\_\_\_  
Date