

AMERICAN LANGUAGE AND CULTURE INSTITUTE

Application for Enrollment Semester Abroad

ALCI • California State University San Marcos • San Marcos, CA • 92096-0001 • USA
Phone: (760) 750-3200 Fax: (760) 750-3779 Email: alci@csusm.edu

PROGRAM CHOICE

1. I will enroll in the following semester: _____ 2. University or college currently attending: _____
3. I plan to study 1 term 2 terms 3 terms not sure

HOUSING CHOICE Read the information on the ALCI website before you choose. If you have questions, contact alci@csusm.edu. All students must make their own housing arrangements before the semester begins.

Campus housing-University Village Apartments (UVA)

<http://www.csusm.edu/alci/housing/universityvillage.htm>

On-campus housing is **ONLY** available to full semester students entering at the beginning of the semester.

Homestay <http://www.csusm.edu/alci/housing/homestay.htm> Available anytime.

Apartment <http://www.csusm.edu/alci/housing/apartment.htm> ALCI will refer you to local resources.

Other: (Please be specific.) _____

HOW MUCH MONEY WILL I NEED? Use this table to calculate the total estimated amount you will need to study.

Fees and Estimated Expenses	Spring 2010 January 11 – May 7	Summer 2010* June 7 – August 13	Fall 2010 August 23 – December 10			
Tuition	\$4,445	\$2,825	\$4,495			
University Fees	\$ 237	\$ 267	\$ 267			
Estimated Expenses	\$3,310	\$2,125	\$3,310			
Total	\$7,992	\$5,217	\$8,072			
Housing Options: (choose #1 or #2)						
1. Homestay (includes two meals per day)	\$3,000	\$1,975	\$3,000			
2. Campus Housing (no meals included) and food expenses	\$4,800	\$2,100	\$4,800			
Total amount you need to study: Check (√) the box for each term you will attend. Put this amount in item 1, page 3 of your application.						
With Homestay	<input type="checkbox"/> \$10,992	<input type="checkbox"/> \$7,192	<input type="checkbox"/> \$11,072			
With Campus Housing	<input type="checkbox"/> \$12,792	<input type="checkbox"/> \$7,317	<input type="checkbox"/> \$12,872			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Fees: Activity - \$45 Student Health and Counseling Services - \$110 Open University General Fees - \$112 </td> <td style="width: 33%; vertical-align: top;"> Estimated Expenses for Summer: Books and Supplies - \$350 Transportation - \$320 Personal and Recreational Expenses - \$1,250 Student Health Insurance - \$205 for 3 months </td> <td style="width: 33%; vertical-align: top;"> Estimated Expenses for Fall & Spring: Books and Supplies - \$350 Transportation - \$650 Personal and Recreational Expenses - \$2,000 Student Health Insurance - \$310 for 4 months </td> </tr> </table>				Fees: Activity - \$45 Student Health and Counseling Services - \$110 Open University General Fees - \$112	Estimated Expenses for Summer: Books and Supplies - \$350 Transportation - \$320 Personal and Recreational Expenses - \$1,250 Student Health Insurance - \$205 for 3 months	Estimated Expenses for Fall & Spring: Books and Supplies - \$350 Transportation - \$650 Personal and Recreational Expenses - \$2,000 Student Health Insurance - \$310 for 4 months
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*University classes are limited in the summer. Estimated expenses are based on what the average student spends in a semester.						
Tuition and fees subject to change without notice.						

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FINANCIAL INFORMATION

In order to receive an I-20, each student must provide financial information to prove that he or she has sufficient funds. Each student must show a bank statement or proof of funding that is enough to pay for tuition, fees, and all estimated living expenses during the time of study in the U.S.

1. TOTAL AMOUNT NEEDED

Show the total amount for your entire period of study up to one year. See page 2, "How Much Money Will I Need" to estimate the cost. **Total amount needed** \$ _____

2. SOURCE OF FUNDS: Please check the source(s) of your funds.

Personal/own Parent or other relative Other (*please specify*) _____

3. OFFICIAL BANK VERIFICATION OF FUNDS

You must submit a bank statement, printed in English, indicating the amount of funds available to you or you may ask your bank to complete the section below. If you are sponsored by a company or organization, you must submit a letter of sponsorship on the company's letterhead.

Name of account holder: _____

Name of Bank: _____

Bank Location: (city & country) _____

Amount of available funds: (*must equal or exceed the total amount in item 1 above*) \$ _____

Date: _____
(Month/Date/Year)

Name and Title of Bank Official: _____

Signature of Bank Official: _____

Official Bank Seal/Stamp

4. STATEMENT OF FINANCIAL SUPPORT

The person who is financially responsible for you must read and sign the following statement: *I have read the information regarding the cost of tuition and living expenses for the period of study at CSU San Marcos/ALCI. I certify that these funds are available and I accept full responsibility for these expenses. I fully understand that persons coming to the U.S. as students are expected to study full-time and no student should expect to work.*

Name of Person Financially Responsible: (Print) _____

Signature: _____ Date: _____

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PAYMENT

The ALCI application fee must be paid before the I-20 is issued. Payment for the first term of study is recommended. If you do not receive a visa, we will refund the tuition payment in full. Application fees are non-refundable.

I am enclosing the following amounts with my application:

\$100 ALCI application fee – *required* Full tuition – \$ _____

\$35 express mail fee – *recommended*

TOTAL amount you are sending: \$ _____

PAYMENT METHODS

1. **I have enclosed a check, money order, or bank draft in the amount of \$** _____

Payment can be made by check, money order, or a bank draft in U.S. dollars payable to "CSUSM UARSC". Bank drafts and money orders *must* be drawn on a U.S. bank or a U.S. branch office of your bank. Do not mail cash.

2. **I will pay by credit card:** Visa MasterCard Total to be charged \$ _____

Credit card number: _____ Expiration date: _____

Name on credit card: _____ Security code: _____
last 3 numbers from the back of the credit card

Billing Address (include full street address, city, postal code, and country): _____

Authorized signature: _____

3. **I will send a wire transfer** (Please contact alci@csusm.edu for instructions.)

SIGNATURE (Your application cannot be processed without a signature.)

I certify that all application information is true.

Signature of Applicant (*Parent or guardian must sign if under 18*) _____

Date _____

MAIL OR FAX YOUR COMPLETE APPLICATION PACKET TO:

American Language and Culture Institute
California State University San Marcos
333 South Twin Oaks Valley Road
San Marcos, CA 92096-0001, USA

Telephone: +1-760.750.3200
Fax: +1-760.750.3779
Email: alci@csusm.edu
Web: <http://www.csusm.edu/alci>

Thank you for your application. If accepted, we will send your I-20 with instructions on applying for a student visa. If you have questions, please email us at: alci@csusm.edu

FOR REFERRING UNIVERSITY ONLY

University Name: _____ Contact Name: _____

Fax Number: _____ Email: _____

The ALCI is an enterprise of the California State University San Marcos UARSC
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