

Application FormEnglish Language and Cultural Experience (July 6-24, 2015)

PART 1 – PERSONAL INFORMATION (Please print CLEAF	RLY.)		
		t appears on your passport)	GENDER:
1			☐ Male ☐ Female
COUNTRY OF BIRTH	DATE OF		Day Year
COUNTRY OF CITIZENSHIP	(e.g. JAN	/ / 01 / 1979)	/ /
OCONTRI OI OITZENOIII		oplicant must be at least 18 years Iardian of at least 25 years old is n	
NATIVE LANGUAGE		T'S E-MAIL	
Permanent address in home country (required):			
ADDRESS: Street			Apartment Number
City	Postal Co	nde	Country
TELEPHONE: Country Code City Code Number	FAX:	Country Code City Code Nu	umber
Have you attended any of our programs before? ☐ Yes	☐ No	If yes, when?	
Student's Representative: Relationship to student:	Agency	Relative	
AGENCY'S / RELATIVE'S NAME	0 ,		
ADDRESS: Street			Apartment Number
City	Postal Co	ode	Country
TELEPHONE: Country Code City Code Number	FAX:	Country Code City Code Nu	umber
AGENCY'S / RELATIVE'S E-MAIL			
PART 2 – PAYMENT PROCEDURE			
Full tuition and non-refundable application fee must be submi	tted at t	the time of application.	
Summer English and Culture Experience tuit	tion (Jul	ly 6 – 24, 2015)	\$ 1,250.00
Application fee (non-refundable)			\$ 100.00
OPTIONAL: On-campus housing and meal plan fee (July	6 – 24,	, 2015)	\$ 1,250.00
Please indicate the total amount you are enclosing with t	his app	lication	\$
Payment Options (Please do not mail cash):			
☐ I have enclosed a money order/bank draft/traveler's checks (Please be sure to endorse your traveler's checks and make checks payable to CSUN.)	s in the	amount of \$	
☐ I would like to pay by credit card (We cannot accept American Express and Discover cards.) ☐ VISA ☐ Masterd	Card	Total to be charged \$	
(we cannot accept American Express and Discover cards.) CREDIT CARD NUMBER		3-DIGIT SECURITY CODE	EXPIRATION DATE (month/year)
NAME ON CREDIT CARD		CARD HOLDER'S SIGNATURE	
By signing above, I authorize California State University, Northridg	je to cha	arge my credit card for th	e amount I have entered above.

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Please complete both pages.

PART 3 – VISA INFORMATION					
Are you currently in the U.S.?	s 🗖 No				
If yes, please use your I-94 form (a white o	r green card in you	r passport) to answer t	he followir	ng questions:	
DATE OF ENTRY	I-94 EXPIRATION DATE VISA STATU		VISA STATUS	3	
PART 4 – CONFIRMATION OF ACCEPTA	NCE				
Please send my confirmation of acceptance	to:				
☐ Use address shown on Part 1, Personal	Information				
☐ Use other address:					
ADDRESS: Street				Apartment Number	
City		Postal Code		Country	
☐ I authorize (Name:), (R	elationship to S	tudent:)	
to pick up my confirmation packet at the	Admissions and Cl	ient Services office. Ple	ease conta	act him/her at	
(Telephone Number or Email:) whe	en it is ready.	
PART 5 – SIGNATURE					
By signing below, I verify that the information edge that I am required to pay the non-refund					
NAME OF STUDENT	SIGNA	TURE OF STUDENT		DATE (month/day/year)	
NAME OF REPRESENTATIVE	SIGNA	TURE OF REPRESENTATIVE		DATE (month/day/year)	

Cancellation policy

- No refund is possible after the start of the program.
- · All refund requests must be submitted in writing.
- A full course fee refund, less the \$100 application fee, is applicable if written request is received by our office 48 hours before the program start date.

Note: This program does NOT issue an I-20.

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Please mail/Fax/email completed application form to:

Office of Admissions and Client Services The Tseng College California State University, Northridge 18111 Nordhoff Street Northridge, CA 91330-8343, U.S.A.

(818) 677-2504

Fax: (818) 677-2288

iep@csun.edu

http://TsengCollege.csun.edu/programs/ipp