

APPLICATION FORM CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

| PROGRAM SELECTIO | N | | | |
|--|--------------|-----------------|--------------------|---|
| Study Abroad (Semester a Fall (Aug-I Spring (Jan | Dec) | | Year: | |
| Are you applying for one of | or two study | abroad semester | s? | _ |
| STUDENT INFORMAT | ION | | | |
| Applicant Information | ı (as it app | ears on passpo | rt) | |
| First Name(s): | | | | |
| Middle Name: | | | | |
| Last Name(s): | | | | |
| Date of Birth: | Day: | Month: | Year: | |
| Sex: | | Male Female | | |
| Place of Birth (City and State/Province): | | | | |
| Country of Birth: | | | | |
| Country of Citizenship: | | | | |
| Student's Permanent A Street Address: | Address in | Home Country | (e.g. at parents') | |
| City: State/ Province: | | | | |
| Country: | | | | |
| Postal Code: | | | | |
| Email: | | | | |
| Phone number with country code (+49): | | | | |
| | | | | |

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| High School | | | |
|------------------------------|-----------------|---------------|--|
| Name of High School: | | | |
| Street Address: | | | |
| State/Province: | | | |
| City: | | | |
| Postal Code: | | | |
| Attendance Dates | | | |
| (Month/Year): | From: (MM/YYYY) | To: (MM/YYYY) | |
| Undergraduate Unive | rsity / College | | |
| Name: | | | |
| Street Address: | | | |
| State/Province: | | | |
| City: | | | |
| Postal Code: | | | |
| Attendance Dates | | | |
| (Month/Year): | From: (MM/YYYY) | To: (MM/YYYY) | |
| Expected Date of Graduation: | | | |
| Current semester: | | | |
| Semesters completed: | | | |
| Which semester of your | | | |
| program will you study | | | |
| abroad? | | | |
| Graduate University (i | f applicable) | | |
| Name: | | | |
| Street Address: | | | |
| State/Province: | | | |
| City: | | | |
| Postal Code: | | | |
| Attendance Dates: | From: (MM/YYYY) | To: (MM/YYYY) | |
| Expected Date of Graduation: | (MM/YYYY) | | |
| Current semester: | | | |
| | | | |

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| Semesters completed: | | | |
|---|----------------------------|--------------------|--------------------------------|
| Which semester of your | | | |
| program will you study | | | |
| abroad at CSUN? | | | |
| abroad at door. | | | |
| CITIZENSHIP/VISA INF | ORMATION | | |
| Place of Birth: (City, State | , Country): | | |
| An F-1 Student Visa is requ | uired for full time stud | lies in the Unit | ed States. If vou are NOT a |
| U.S. citizen, please provide | | | J |
| Are you a permanent resid | ent of the U.S., (do yo | u own a Green | Card)? |
| □ Yes | | | No |
| If you are not a normanent | racidant da yay alra | adv hold a vica | າ |
| If you are not a permanent Yes | resident, do you airea | ady noid a visa | No |
| | | Ш | NO |
| If yes, what type? | | | |
| Are you transferring from | a school in the United | States? | |
| \square No | | | Yes |
| If yes, please include the follow | ing with your applicatio | on: | |
| A completed CSUN Transfer previous school. | er Verification Letter sig | ned by the Desig | nated School official of your |
| A photocopy of all pages of Departure Record) | f the I-20 Form issued by | y that school, and | d a copy of Form I-94 (Arrival |
| If you are a transfer studer | it, do you plan to leav | e the country b | pefore starting to study at |
| CSUN? — Yes | | | No |
| FINANCIAL INFORMA | ΓΙΟΝ | | |
| Name of Spangary | | | |
| Name of Sponsor: | | | |
| Sponsor's relationship to | | | |
| applicant (e.g. myself, par | ent, | | |
| friend, employer, Bafoeg) | | | |
| | | | |

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SEMESTER AT CSUN ACKNOWLEDGEMENT

| | I understand that I MUST be at least 18 years of age at the start date of the program. I understand that the application fee is non-refundable and due when submitting this application. |
|----|---|
| | I understand that ALL dates and costs are subject to change without notice. |
| | I understand that my application start date can be deferred once at no cost. There is a |
| | non-refundable Deferral Fee for each additional deferral. Fee amount varies by term. |
| | I understand that tuition fees and supporting documents must be received before we can issue an I-20. |
| | I understand that acceptance to this program does not guarantee admission into the |
| | regularly matriculated, degree seeking program at California State University, |
| | Northridge after I have taken courses at The Tseng College. |
| | I understand that I must follow and adhere to all CSUN, Tseng College, and program policies and procedures. |
| | I understand that I must follow and adhere to all SEVIS requirements to maintain good |
| | academic status. Failure to stay in good status will result in the termination of my SEVIS record. |
| | I understand that I must request a transfer of my active SEVIS record from my current |
| | school (if applicable) to The Tseng College in a timely manner prior to being admitted |
| | to this Program. |
| | I acknowledge each of the statements above and verify that the information contained |
| | in this application is accurate to the best of my knowledge: |
| | I certify under penalty of perjury under the laws of the State of California that I have provided complete and accurate responses to all items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the California State University to release my information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided to obtain other information necessary for my application for admission and any application for administration of financial aid and in connection with any perjury proceedings. My certification verifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment. |
| Ye | s:[Signature] |
| | |
| | |
| | |



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 | | |
|--|---------------------------------|------------------------|
| | | |
| Please select one of the following, o Visa MasterCard | other cards CANNOT be accepte | d: |
| Total amount to be charged: | \$ | USD |
| Credit Card Number: | | |
| Expiration Date (Month/Year): | (MM/YY) | |
| CVV2 (Security Code): | | |
| Cardholder's Name: | | |
| Billing Address (Street): | | |
| Billing Address (City&Zip Code): | | |
| Billing Address (Country) | | |
| Cardholder's Relationship to | | |
| Student (e.g. father, friend, self) | | |
| Cardholder's Signature: Date of Signature: | | |
| By signing above I authorize Califo | rnia State University Northrids | ge to charge my credit |

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



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|-----|------------|----|----------------|-------------------|----|
| CEF | ₹TI | FI | CA | ΠΟΙ | N |

All applicants must sign below.

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, Northridge via an electronic online application form created and maintained by the California State University, Northridge.

| Student's Signature: | |
|---------------------------|--|
| Place, Date (MM/DD/YYYY): | |

Please submit your application with all required documents to IEC:

IEC Online GmbH Bewerbungsbetreuung Marienstrasse 19-20 10117 Berlin Germany Email: americas@ieconline.de