

Intensive English and IELTS Preparation Program
Application for Enrollment

PLEASE TYPE, PRINT OUT, AND SAVE FOR YOUR FILES

Telephone: 510-885-2358
Fax: 510-885-2040
Email: alpgen@csueastbay.edu
Web: <http://www.csueastbay.edu/ALP/>

Name

Family Name (same as passport): _____

Given Name(s): _____

Middle Name(s): _____

Home Country Permanent Address

Address (Street address only; PO Box is not applicable): _____

City: _____ State: _____ Country: _____ Postal Code: _____

Telephone number (including country code and city code): _____

Contact email: _____

Country of Birth: _____ Date of Birth (MM/DD/YYYY): _____

Country of citizenship: _____ Gender: Male Female

Applicant's Goals

Program Start Date

Please indicate with a "check" which month you plan to begin studies:

Year: _____ September January March June July

How long do you plan to study? 5-week Summer Session 10 Weeks 20 Weeks 30 Weeks

Transfer Students

If you are transferring from another institution within the U.S.A., please provide the information required.
We must have your transfer letter before issuing an I-20.

INSTITUTION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE AND PHONE NUMBER: _____

Mailing Address for Applicant's I-20

Family Name: _____ Given Name: _____

Institution: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

Telephone number: _____ Email: _____

Applicant's signature: _____ Date: _____

Non-Refundable Application Fee: \$100 U.S. Dollars

Payment by certified bank draft, cashier's check, money order or credit card (Visa or Mastercard only)
for \$100 U.S. dollars must be sent with this application.

Credit Card Account #: _____ Expiration Date: _____

Billing address: _____

Signature of cardholder: _____

HOW DID YOU FIND ABOUT ALP? (check all that apply)

AGENT (NAME): _____

WEBSITE (NAME): _____

ALP STUDENT (NAME) : _____

OTHER: _____