

**Visiting Student Program  
Application for Enrollment**

Telephone: 510-885-2358

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Email: [alpgen@csueastbay.edu](mailto:alpgen@csueastbay.edu)

Web: <http://www.csueastbay.edu/ALP/>

PLEASE TYPE, PRINT OUT, AND SAVE FOR YOUR FILES

**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

How long do you plan to study? 10-week Summer Session 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: \_\_\_\_\_