



COLLEGE
CONTACT.COM

Application Form for Semester at SJSU

Registration Information

*First Name: _____
*Last Name: _____
*Email: _____
*Password: _____

Select Your Program

- *Program of Interest: Conditional Admission/Eligibility (ICA)
 Academic and Test Preparation
 Semester at SJSU

Conditional Admission/Eligibility (ICA): SJSU offers Conditional Admission/Eligibility to academically eligible international undergraduate and graduate students who have not yet achieved the required English language proficiency test score.

Learn More: <http://www.sjsu.edu/igateways/programs/conditional-admission/>

Academic and Test Preparation (ATP): Improve your English and develop the academic skills necessary for success in an American university or college.

Learn More: <http://www.sjsu.edu/igateways/programs/atp/index.html>

Semester at SJSU (SAS): Enroll in 1 to 2 semesters at SJSU without submitting a formal application.

Learn more: <http://www.sjsu.edu/igateways/programs/sas/index.html>

Personal Data

Salutation: Mr. Ms. Mrs. Dr. Prof.

*First Name: _____

Middle Name: _____

*Last Name: _____

Preferred First Name: _____

*Gender (male/female): Male Female Other

*How did you hear about us?

- | | | | |
|--------------------------------------------|------------------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Browser Search | <input type="checkbox"/> Corporate Event | <input type="checkbox"/> Email | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Friends or Family | <input type="checkbox"/> Higher Education Fair | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> SJSU Website | <input type="checkbox"/> School Visit | <input type="checkbox"/> Agent | <input type="checkbox"/> Other |

Demographic Information

*Country of Birth: _____
*Country of Citizenship: _____
*Date of Birth (MM/DD/YY): _____

Contact Information

*Primary Email: _____
Secondary Email: _____
Home Phone: _____
*Mobile Phone: _____

Can you receive text messages on Mobile Phone?

Student's Permanent Home Address

F-1 visa holders (including F-1 Transfer students) must give their OWN home country address to the school as required by the U.S. Federal law. Please do not give a P.O. Box or a work address.

*Country: _____
*Address Line 1: _____
Address Line 2 _____
*City: _____
State/Province: _____
ZIP/Postal Code: _____

Is the Permanent Home Address Same as Mailing Address? Yes No

Mailing Country _____
Mailing Address Line 1 _____
Mailing Address Line 2 _____
Mailing City _____
Mailing State/Province _____
Mailing Zip/Postal Code _____

Agency

Agency Code: 1045
Agency Name: College Contact GmbH
Agent Name: Lisa Bradler
Agent Email: lbradler@college-contact.com
Agent Phone Number: +49-69-907200734

SJSU Admission

*Have you applied to San José State University before? Yes No

What is your previous SJSU ID? _____

*Have you applied to International Gateways before? Yes No

What is your previous application ID? _____

I-20

*Do you need a Form I-20 for an F1 Visa? Yes No

*Which address would you like to receive your I-20?
 Mailing Address
 Other Address
 Permanent Address

I-20 Mailing Country: Germany
I-20 Mailing Address Line 1: College Contact GmbH
I-20 Mailing Address Line 2: Hanauer Landstr. 151-153
I-20 Mailing City: Frankfurt am Main
I-20 Mailing Zip/Postal Code: 60314
I-20 Mailing Phone: +49-69-907200734

Dependents

Will you bring a spouse or children under the age of 21 with you as dependents?

Yes No

Child or Spouse Information

First Name: _____

Last Name: _____

Relation: Spouse Child

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

Gender: Male Female

Country of Birth: _____

Country of Citizenship: _____

Emergency Contact

We will contact this person if we have any questions about your application.

*Would you like to enter an emergency contact? Yes No

Contact Person's Name : _____

Relationship to You: _____

Phone Number: _____

Email Address: _____

Additional Information

Please enter any other information that may be useful in processing your application.

Select Your Course Offering - Semester at SJSU (SAS) Course Selection

F-1 Visa Applicants: Apply **at least 6-8 weeks** before the Start Date of your intended program.

*Course Offering: Fall _____ Spring _____

Course Tuition per Semester: US \$ 7000

Please note that the total payment shown does not include housing, health insurance, and textbooks/study materials. Semester at SJSU students enrolled in more than 12 units of SJSU coursework will have to pay additional fees after the start of the program.

Application Fee Payment

An application fee is required in order to submit your application. Amount: US \$ 150.

*Credit Card Number: _____

*Expiration Month: _____

*Expiration Year: _____

*Cardholder Name: _____

*Address: _____

*City: _____

State/Province/Region: _____

*Zip/Postal Code: _____

*Country: _____

*Card ID Code: _____

*Email Address: _____

Relationship to Student: _____

*Cardholder's Signature: _____

*Date (MM/DD/YY): _____

Applicant's Signature

I hereby permit College Contact to submit the information which I have provided on this form to International Gateways at San José State University via an electronic online application form created and maintained by International Gateways.

Yes No

I attest all the answers I have given in this application are complete and accurate to the best of my knowledge.

Signature _____ Date _____

COURSE WISH LIST – Semester at SJSU (SAS)

Semester at SJSU applicants must go to the SJSU Catalog to find courses and complete this form with the top 8 courses that they wish to take. Note: SAS students must register during the first week of class through the "Open University" system. Enrollment in any specific SJSU course cannot be guaranteed.

Please email SAS Manager Marwa Abbas if you have any questions: marwa.abbas@sjsu.edu

Student’s Last/Family Name:

Student’s First and Middle Name:

Semester: Spring Fall Year: _____ Do you have an undergraduate degree? YES NO

<i>Example</i>	Subject/Department	Catalog Number
	COMM	20

Course 1	Subject/Department	Catalog Number

Course 2	Subject/Department	Catalog Number

Course 3	Subject/Department	Catalog Number

Course 4	Subject/Department	Catalog Number

Course 5	Subject/Department	Catalog Number

Course 6	Subject/Department	Catalog Number

Course 7	Subject/Department	Catalog Number

Course 8	Subject/Department	Catalog Number

EXHIBIT A

PARTICIPANT (STUDENT) CONSENT FOR RELEASE OF INFORMATION

I understand that if I am admitted and enroll at San José State University Research Foundation (SJSURF) International Gateways the federal *Family Educational Rights and Privacy Act of 1972* (FERPA) protects the privacy of my education records. As a prospective participant, I also may have rights under the laws of the United States, the State of California and/or my country of residence protecting the privacy of records I give to SJSURF International Gateways and/or third parties in connection with my application to enroll as an SJSURF International Gateways participant.

By signing this form, I, _____, hereby **waive** any rights
Participant (student name)

described above and **give my consent** to SJSU, SJSURF, International Gateways and Recruiting Agency named below to disclose my application and any other education records to each other for the purpose of discussing my application to, admission status and educational experience at SJSU, SJSURF International Gateways:

Name of Participant: _____

Name of Agency: _____

Agency's Address: _____

Agency's Phone Number: _____

Agency's Email Address: _____

College Contact GmbH
Hanauer Landstrasse 151-153
60314 Frankfurt am Main (Germany)
Phone: +49 69 907 2007 30
Email: beratung@college-contact.com
Web: <https://www.college-contact.com>

I understand that I have the right not to consent to the release of information in my student records and that I may revoke this consent at any time by giving written notice to SJSURF International Gateways and the person / The Recruiting Agency named above. This consent remains valid unless and until I revoke it.

Prospective Participant Signature: _____

Prospective Participant Name (print): _____ Date: _____

If Prospective Participant is under 18 years of age:

I am the parent or legal guardian of the Prospective Participant. I am signing this document on his or her behalf.

Parent or Guardian Signature: _____

Parent or Guardian Name (print): _____ Date: _____