



Scan or mail completed application to:
Study @ CSU San Marcos, 333 S. Twin Oaks Valley Rd. ELB 588, CA 92096-0001
Tel: 760.750.3200 alci@csusm.edu www.csusm.edu/alci

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>

HOW TO APPLY: Use the checklist to make sure your application is complete. All documents must be in English. I-20s cannot be issued for incomplete, illegible, or unsigned applications. Applications that are missing information or fees cannot be processed. Applicants should be 18 years of age and high school graduates. If you are under 18, a parent or sponsor must co-sign your application.

<p>Personal Information: Print clearly. Do not use abbreviations. Complete legal name, using information as it appears in your passport.</p> <p>Given (First) Name: _____ Family (Last) Name: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Student's Email: _____</p> <p>Date of Birth: _____ Country of Birth: _____ Country of Citizenship: _____ (mm/dd/yyyy)</p>	
<p>Permanent Residence Address Outside the United States:</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ Country _____ Postal Code _____</p> <p>_____</p> <p>Phone (Country Code/Area Code/Number) _____</p>	
<p>Mailing Address if different from residence address (for acceptance package/I-20):</p> <p>Name: _____ Email Address: _____ Phone: _____</p> <p>_____</p> <p>Street Address (No P.O. Boxes) _____</p> <p>City: _____ Country: _____ Postal Code: _____</p>	
<p>Program Choice: Check the box you want to enroll in:</p> <p><input type="checkbox"/> Undergraduate Major: _____</p> <p><input type="checkbox"/> Graduate Major: _____</p> <p>Semester you want to start: <input type="checkbox"/> Fall (August) <input type="checkbox"/> Spring (January)</p> <p>Document Checklist:</p> <p><input type="checkbox"/> This Application <input type="checkbox"/> Passport <input type="checkbox"/> Financials <input type="checkbox"/> Transcript <input type="checkbox"/> English Test Scores</p>	
<p>How long do you plan to study: Are you currently attending college/university in the US?</p> <p><input type="checkbox"/> 1 term <input type="checkbox"/> 2 terms <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Signature</p> <p>I certify that all application information is true _____ Date: _____</p> <p style="text-align: center;">Signature of Applicant (parent or guardian must sign if under 18)</p>	
<p>For Referring Representative Only:</p> <p>Agency Name: _____ Contact Name: _____</p> <p>Phone: _____ Email: _____</p>	



I-20 Application: Do you need an I-20 for an F-1 student visa or school transfer?

Yes - Complete this Section No - skip this section

TOTAL AMOUNT NEEDED: _____ Calculate your amount here: <https://www.csusm.edu/global/alci/datesandcosts/index.html>

Source of Funds: Personal/Own Parent/Relative Other (specify): _____

Official Bank Verification of Funds: You must submit a bank statement, printed in English, indicating the amount of funds available to you or ask your bank to complete this section. If you are sponsored by a company or organization, submit a letter of sponsorship letter.

Name of Account Holder: _____

Name of Bank: _____

Bank Location: (City & Country): _____

Amount of Available Funds: (must equal or exceed the total amount needed: \$ _____)

Official Bank Stamp or Seal

Date: (mm/dd/yyyy)

Name of Bank Official: _____ Title of Bank Official: _____

Signature of Bank Official: _____

Statement of Financial Support:

The person who is financially responsible for you must read and sign the following statement: I have read the information regarding the cost of tuition and living expenses for the period of Study at CSU San Marcos/ALCI. I certify that these funds are available and I accept full responsibility for these expenses. I fully understand that persons coming to the U.S. as students are expected to study full-time and no student should expect to work.

Name of Person Financially responsible (Print): _____

Relationship to Student: _____ Signature: _____ Date: _____

Family Members/Dependents: List all legal dependents who will come to the U.S. with you. Send a passport copy for each individual.

1. Given (First) Name: _____ Family (Last) Name: _____ Date of Birth: _____
Country of Birth: _____ Relationship to you: Spouse Child

2. Given (First) Name: _____ Family (Last) Name: _____ Date of Birth: _____
Country of Birth: _____ Relationship to you: Spouse Child

Application Fee Payment:

The ALCI application fee and proof of finances/financial guarantee must be submitted before the I-20 is issued.

Application fees are non-refundable. If you do not receive a visa, please contact the ALCI.

\$150 (ALCI application and express mail fee only).

Payment Method:

Credit Card (service fee will apply).

Go to: [Flywire](#) Note: please notify your credit card provider that you are making an international transaction

I will send a wire transfer (service fee will apply).

Go to: [Flywire](#)

Check or, money order in U.S. dollars payable to "CSUSM ALCI". Check and money.

Orders must be drawn on a U.S. bank or a U.S. branch office of your bank. Do not mail cash.



STUDENT CONSENT FOR RELEASE OF INFORMATION

I understand that if I am admitted and enroll at California State University San Marcos, the federal *Family Educational Rights and Privacy Act of 1972 (FERPA)* protects the privacy of my education records. As a prospective student, 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 *CSUSM* and/or third parties in connection with my application to enroll as a *CSUSM* student.

By signing this form, I, _____, hereby **waive** any rights described above and **give my consent** to *CSUSM* and the person / Other Party 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 *CSUSM*:

Name of Person: Maya Robinson
Name of Other Party: College Contact GmbH
Address: Hanauer Landstraße 151-153
60314 Frankfurt am Main, Germany
Phone Number: 0049 69 - 907 2007 30
Email Address: mrobinson@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 *CSUSM* and the person / above. This consent remains valid unless and until I revoke it.

Prospective Student Signature: _____
Prospective Student Name (print): _____
Date: _____

If Prospective Student is under 18 years of age:

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

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