



Application Form for University Semester Abroad

Program Section

Application For: ☐ Fall: August ☐ Spring: January

Term: _____

Program Length: ☐ One Semester ☐ Academic Year

How did you hear about University Semester Abroad?

- ☒ Agency
- ☐ Counselor/University
- ☐ Friend/Family
- ☐ I applied to CSU Fullerton in the past
- ☐ Search Engine
- ☐ Social Network (Facebook, QQ, other)
- ☐ Student Fair
- ☐ Other

Student Information

First Name/Given Name: _____

Last Name/Family Name: _____

Email Address: _____

Country and City of Birth: _____

Country of Citizenship: _____

Native Language: _____

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

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Will your children accompany you to the U.S.?

☐ Yes ☐ Not coming with me to the U.S. ☐ I don't have children

Address in your Home Country

Street Name and Number: _____

City: _____

Zip Code: _____

Country: _____

Phone Number: _____

Education History

What is your major? _____

If you have taken TOEFL or IELTS or DAAD, please enter the score: _____

Have you graduated High school or attended University? ☐ Yes ☐ No

Name of school: _____

Are you currently in the United States? ☐ Yes ☐ No

Are you a permanent resident or U.S. citizen? ☐ Yes ☐ No

Are you transferring from another U.S. school? ☐ Yes ☐ No

Information Release

Information about your application can be released to the following person:

First Name/Given Name: _____

Last Name/Family Name: _____

Relationship: _____

Is a study abroad, travel or educational agency helping you? ☐ Yes ☐ No

Financial Support

All applicants who will enter the U.S. on a student visa must complete the following questions about financial support.

Source of financial support:

- ☐ Scholarship
- ☐ Parent / Family Member
- ☐ Sponsor
- ☐ Personal Savings

Parent/Family Member or Sponsor Name: _____

Declaration Section

Refund Policy

I have read and agree to the University Semester Abroad refund policy as stated on the website:

<https://extension.fullerton.edu/international/usa/dates-fees.aspx>

☐ Yes

Application Fee Payment

Method of Payment: ☐ Credit Card

Credit Card

Cardholder Name: _____

Credit Card Issuing Bank Origin: ☐ USA ☐ Canada ☐ International

Credit Card Billing Address: _____

Credit Card Number: _____

Credit Card Type:

- ☐ Visa
- ☐ Mastercard
- ☐ American Express
- ☐ DISCOVER

Security Code: _____

Expiration Date (MM/YYYY): _____

Cardholder's Signature: _____

Applicant's Signature

I hereby permit College Contact to submit the information which I have provided on this form to University Semester Abroad, California State University Fullerton via an electronic online application form created and maintained by California State University Fullerton.

☐ Yes ☐ No

I certify that the above information is true and correct.

Signature

Date