



Scan or mail completed application to:  
The ALCI of CSU San Marcos, 333 S. Twin Oaks Valley Rd. ELB 588, CA 92096-0001  
Tel: 760.750.3200 [alci@csusm.edu](mailto:alci@csusm.edu) [www.csusm.edu/alci](http://www.csusm.edu/alci)

**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 or unsigned applications. Applications that are handwritten or missing information/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><b>Personal Information:</b> Use the fillable format only. Do not use abbreviations. Complete legal name (as shown on 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/City of Birth: _____ Country of Citizenship: _____ (mm/dd/yyyy)</p>		
<p><b>Permanent Residence Address Outside the United States:</b></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><b>Mailing Address if different from residence address</b> (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><b>Program Choice:</b> Check the box you want to enroll in:</p> <p><input type="checkbox"/> Intensive English Pathway (IEP)</p> <p><input type="checkbox"/> Conditional Admission to CSU San Marcos                      Major: _____ Minor: _____</p> <p>Students applying for Conditional Admission must apply through the <a href="https://www.csusm.edu/global/admissions/index.html">https://www.csusm.edu/global/admissions/index.html</a></p> <p><b>Semester you want to start:</b></p> <p><input type="checkbox"/> Summer (June)    <input type="checkbox"/> Fall (August)    <input type="checkbox"/> Fall 2<sup>nd</sup> Entry (October)    <input type="checkbox"/> Spring (January)    <input type="checkbox"/> Spring 2<sup>nd</sup> Entry (March)</p>		
<p><b>How long do you plan to study:</b>                      <b>Are you currently attending another language program college/university in the US?</b></p> <p><input type="checkbox"/> 1 term    <input type="checkbox"/> 2 terms    <input type="checkbox"/> 3 terms    <input type="checkbox"/> 4 terms                      <input type="checkbox"/> No    <input type="checkbox"/> Yes    _____</p> <p style="text-align: right;">Name of Institution</p>		
<p><b>Signature</b></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)                      (mm/dd/yyyy)</p>		
<p><b>For Referring Representative Only:</b></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:** \_\_\_\_\_ To calculate amount, see: <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 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.