

Mobile phone

Application for Study Abroad

1. Study Abroad Program Information Proposed start date □ Fall □ Spring Year: 20 **Proposed duration** □ 2 Semesters □ 1 Semester Proposed study level □ Undergraduate/Bachelor □ Postgraduate/Master 2. Personal Details Gender □ male □ female (dd/mm/yyyy) Date of birth Country of birth City of Birth Family name Given name Middle name(s) E-mail address 3. Visa Information Citizenship Country you are permanently living in Are you currently in the US? □ No □ Yes 4. Address and Contact Details Country Street name & number Postcode City State Is your mailing address the same as your home □ No; please complete below □ Yes address above? Country Street name & number Postcode City Home phone

5. Ethnic Back	ground Inform	ation			
Please list an	y ethnicities yo	u identify with?			
	, African Ameri	ca, Polynesian,			
European, et	.C.)				
6. Secondary	Education (High	h School)	_		
Name of institution					
Street name	& number				
City					
State					
Postcode					
Country					
Start date (roughly)				/	(dd/mm/yyyy)
End date (as in high school certificate)				/	(dd/mm/yyyy)
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7. Tertiary Education (if any) (University, etc) Are you currently enrolled in a tertiary			□ Yes	□ No	
institution?					
Country					
Name of institution					
Degree program (Bachelor/Master/etc.)					
Name of pro	gram/study are	a			
Number of se	emesters comp	leted			
Start date			/	/	(dd/mm/yyyy)
Proposed end date			/	_/	(dd/mm/yyyy)
Which semes abroad?	ster of your pro	gram will you study			
Have you already completed another tertiary program? (if yes, complete below)			□ Yes	□ No	
Country					
Name of institution					
Degree program (Bachelor/Master/etc.)					
Name of pro	gram/study are	a			
Number of Se	emesters comp	leted			
Start date		(mm/yyyy)	End date	/	(mm/yyyy)
Have you ever been excluded from any University?			□ No	□ Yes, plea	se attach details

8. Visa Details Will you require a SEVIS Form I-20 to apply for □ No □ Yes an F-1 student visa? 9. Financial Support Submit a bank statement, sponsor's bank statement, government financial guarantee or scholarship letter. The minimum balance must cover \$16.000 per Semester. Financial documents must be less than 3 months old. Source of Funds □ Self □ Sponsor (i.e. family, friends, etc.) □ Other: Name of Sponsor Relationship of Sponsor to you I confirm that I will have sufficient resources to □ Yes □ No cover my expenses during my studies I agree to obtain and maintain adequate health □ Yes □ No insurance during my studies Will you be bringing family (partner/children)? □ Yes □ No 10. Application Fee A non-refundable Application Fee of US\$300 must be paid with each application form submitted. Applications will not be processed unless accompanied by the Application Fee. Please complete this section to submit your Application Fee payment via Credit Card. Type of card □ Visa □ Master □ American Express □ Diners Card number CCV/Security code Expiry date (mm/yyyy) Name on card Street name and number City State

11. Declaration and Signature

Postcode

Country

E-mail address

I understand that the application fee is non-refundable (including any conditional admission fee and CalState Apply fee).

I understand that acceptance to this program does not guarantee admission into the regularly matriculated, degree seeking program at California State University, Northridge after I have taken courses through The Tseng College. I acknowledge that, I have read, understood and agree to the program policies, terms and conditions located at https://tsengcollege.csun.edu/studentinfo/internationalstudents and https://tsengcollege.csun.edu/students and <a href="https://tsengcollege.csun.edu/students and <a h

I understand that I must follow and adhere to all CSUN, Tseng College, and program policies and procedures.

I acknowledge each of the statements above and verify that the information contained in this application is accurate to the best of my knowledge.

I certify under penalty of perjury under the laws of the State of California that I have provided complete and accurate responses to all items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the California State University to release my information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided to obtain other information necessary for my application for admission and any application for administration of financial aid and in connection with any perjury proceedings. My certification verifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment.

Signature	Date	(dd/mm/yyyy)
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