



California State University, Sacramento
College of Continuing Education

ELI APPLICATION

For office use only

Cohort/agent _____
Application received _____
CCE ID# _____
Payment to IRS _____
Confirmation to student _____
I-20 sent _____

ELI fees:

\$1,950 per student, per 8-week session or \$3,705 per student, per 16-week session

Please indicate which session(s) you plan on attending. You may apply 60 – 120 days before the session start date.

Spring 2010

- #1: January 25 - March 19 (8-week session)
- #2: March 29 - May 21 (8-week session)
- Full term: January 25 - May 21 (16-week session)

Summer 2010

- June 14 - August 6 (8-week session)

PLEASE PRINT CLEARLY

Family name (last name): _____ First name: _____

Middle name: _____

Name as it appears on passport: _____
Family (Last name) (First name) (Middle name or initial)

Home country address (number and street): _____

City/province/territory: _____

Country: _____ Postal code: _____

Telephone & country code: _____ E-mail: _____

Male Female Date of birth (month/day/year): _____

City of birth: _____ Country of birth: _____

Country of citizenship: _____ Will you apply for an F-1 Visa (student visa)? Yes No

Will you be accompanied by dependents? Yes No (If yes, please complete a separate application for each dependent.)

Are you a transfer student? Yes No

If yes, from which school are you transferring? _____

How ELI many sessions do you plan to attend? _____

Where did you hear about our program? Friend Relative Employer Internet

Other, please specify: _____

International representative/agency, please provide contact name and information: _____

Application fee payment information

The non-refundable \$100 application fee will be paid by (please check one):

***Effective 1/1/2010 the application fee will increase to \$125**

Money order Personal check (made payable to CSUS)

Credit card: Visa Mastercard Discover

Account number: _____

Expiration date: _____

Signature: _____

Mail application to:

California State University, Sacramento
College of Continuing Education
Attn: English Language Institute
3000 State University Drive East
Sacramento, CA 95819-6103 USA



California State University, Sacramento
College of Continuing Education

AFFIDAVIT OF FINANCIAL SUPPORT

Last name: _____ First name: _____

Mailing address: _____

Telephone: _____ E-mail: _____

If your principal sponsor is yourself, a family member, or another private individual, complete Section A. If you have a scholarship, complete Section B. If you have partial funding from another source in addition to the principal sponsor, complete Section C. **Financial statement(s) from the bank of the sponsor(s) must be enclosed with this statement.** The bank statement of the sponsor must be dated within the past six months and show the amount in U.S. dollars or include exchange rates.

SECTION A: SELF, FAMILY OR PRIVATE INDIVIDUAL AS PRINCIPAL SPONSOR

I, _____, certify that I will assume full financial responsibility, including educational and living expenses for
(name of sponsor)
_____ while he/she is attending courses at California State University, Sacramento.
(name of applicant)

The applicant is my _____
(relationship to applicant)

Sponsor's signature: _____ Date: _____

Mailing address: _____

Telephone: _____ E-mail: _____

Please include financial statement from bank.

SECTION B: GOVERNMENT OR OTHER ORGANIZATION SCHOLARSHIP

Enclose a current copy of your award letter(s) specifying sponsorship and showing the beginning and ending dates for attendance at California State University, Sacramento.

Source of scholarship: _____

Amount of scholarship in U.S. dollars: _____

SECTION C: ADDITIONAL FUNDING FROM ANOTHER SOURCE

If someone will provide room and board at no expense to you, list that person's name and address.

Sponsor's name: _____ Sponsor's signature: _____

Relationship to applicant: _____

Mailing address: _____

Telephone: _____ E-mail: _____

Total funds available for my first year at California State University, Sacramento are \$ _____. I certify that the statements made above are true, complete and accurate. I am aware that the university's issuance of an I-20 form and the offer of acceptance to the program is contingent upon the payment of all applicable fees and charges in a timely manner.

Student's signature: _____ Date: _____