



Application for Study Abroad

1. Agent Details

I hereby nominate the below Agent to submit this application to California State University Long Beach (CSULB) on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of Agent	GOstralia!-GOmerica!
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Koeln <input type="checkbox"/> Berlin <input type="checkbox"/> Hamburg <input type="checkbox"/> Dortmund

2. Applicant Details

Have you applied to CSULB before?	<input type="checkbox"/> No <input type="checkbox"/> Yes, ID: _____
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
Family name	
Given name	
Middle name(s)	
E-mail address	
Date of birth	____/____/____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> :
City of birth	
Country of Citizenship	

3. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

Have you sat/will you sit an English language test?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Test:
Test date	____/____/____ (dd/mm/yyyy)
Test score (if available)	

4. Study Abroad Program Information

Proposed start date	<input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: 20_____
Proposed duration	<input type="checkbox"/> 1 Semester <input type="checkbox"/> 2 Semesters
Proposed study level	<input type="checkbox"/> Undergraduate/Bachelor <input type="checkbox"/> Postgraduate/Master
How many credits would you like to take?	<input type="checkbox"/> 12 CP <input type="checkbox"/> 15 CP (Undergraduate/Bachelor) <input type="checkbox"/> 9 CP <input type="checkbox"/> 12 CP (Postgraduate/Master)

5. Visa Details

Will you require a SEVIS Form I-20 to apply for an F-1 student visa?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
--	-----------------------------	------------------------------

6. Mailing Address

Country	
Street name & number	
City	
State	
Postcode	
Mobile phone	(+_____)
Home phone	(+_____)

7. University Studies (if any) (University, etc)

Are you currently enrolled in a higher education institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date	____ / _____ (mm/yyyy)		
Proposed end date	____ / _____ (mm/yyyy)		
Have you already completed another study program? (if yes, complete below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date	____ / _____ (mm/yyyy)	End date	____ / _____ (mm/yyyy)
Have you ever been excluded from any University?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please attach details	

8. Disability Information

Do you have a disability or ongoing medical condition that will require you to seek special assistance from the University?	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
---	-----------------------------	-------------------------------

9. Financial Support

Submit a bank statement, sponsor's bank statement, government financial guarantee or scholarship letter. The minimum balance must cover tuition and an estimated living expenses (US\$ 15,000 per semester). Financial documents must be less than 3 months old.

Source of Funds	<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Other:
-----------------	--

10. Application Fee

A non-refundable Application Fee of US\$200 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.

E-mail address of card holder			
Postal address of card holder			
Name of card holder			
Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> American Express <input type="checkbox"/> Diners		
Card number			
Expiry date	____/____ (mm/yyyy)	CCV/Security code	

11. Declaration and Signature

I confirm that I have read all the information regarding enrollment and I-20 processing and the information I am providing in the application is true to the best of my knowledge.

<https://studyinthestates.dhs.gov/students/prepare/students-and-the-form-i-20>

I have attached a bank statement, sponsor's bank statement, government financial guarantee or scholarship letter.

I confirm that all the information I am providing in the application is true to the best of my knowledge. I verify all is true and correct.

I hereby permit GOstralia!-GOMerica! to submit the information I have provided on this form to California State University Long Beach (CSULB) via an electronic online application form.

Signature _____ Date _____ (dd/mm/yyyy)