



1. Agent Details

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

Name of Agent	GOstralia!-GOmerica!
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2. Hinweis zur Bewerbung:

Bitte fülle dieses Formular aus und schicke es mit den Bewerbungsunterlagen per E-Mail an uns zurück. Wir nominieren dich dann für das Auslandsemester an der SFSU. Die SFSU schickt dir einen Link zum Bewerbungsportal über den du die Bewerbung online selbst fertigstellen kannst. Bitte trage alle Daten vollständig ein. Wir schicken die beglaubigten Dokumente derweil direkt per E-Mail an die SFSU.

3. Applicant Details

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"/> :
Citizenship	
City of birth	
Country of birth	

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. Certificate (optional)

Are you interested in a Certificate?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please choose from below:
Certificate name	
<input type="checkbox"/> International Business Certificate	
<input type="checkbox"/> Hospitality Tourism Management Certificate	
<input type="checkbox"/> Business Administration Certificate	
<input type="checkbox"/> Liberal & Creative Arts Certificate	

6. 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)	

7. Financial Support

Submit a bank statement, sponsor's bank statement, government financial guarantee or scholarship letter. The minimum balance must cover tuition and living expenses (see Affidavit Form). Financial documents must be less than 3 months old.

Source of Funds	<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Other:
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8. Declaration and Signature

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

☐ I certify 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 understand that if I am admitted and enroll at San Francisco State University (SF State) the federal *Family Educational Rights and Privacy Act of 1972* (FERPA) protects the privacy of my education records. As a prospective student, I also may have rights under the laws of the United States, the State of California and/or my country of residence protecting the privacy of records I give to SF State and/or third parties in connection with my application to enroll as a SF State student. By signing this form, I hereby **waive** any rights described above and **give my consent** to SF State and the person / the Agency GOstralia!-GOMerica! to disclose my application and any other education records to each other for the purpose of discussing my application to, admission status and educational experience at SF State.

☐ I understand that I have the right **not** to consent to the release of information in my student records and that I may revoke this consent at any time by giving written notice to SF State and the person / the Agency named above. This consent remains valid unless and until I revoke it.

Signature _____ Date _____ (dd/mm/yyyy)

EXHIBIT B

STUDENT CONSENT FOR RELEASE OF INFORMATION

I understand that if I am admitted and enroll at San Francisco State University (SF State) the federal *Family Educational Rights and Privacy Act of 1972* (FERPA) protects the privacy of my education records. As a prospective student, I also may have rights under the laws of the United States, the State of California and/or my country of residence protecting the privacy of records I give to SF State and/or third parties in connection with my application to enroll as a SF State student.

By signing this form, I, _____
(Please Type/Clearly Print Name of Student)

hereby **waive** any rights described above and **give my consent** to SF State and the person / the Agency named below to disclose my application and any other education records to each other for the purpose of discussing my application to, admission status and educational experience at SF State:

Name of the Agency: _____

Name of the Agent Advisor/Counselor: _____

Agency Address: _____

Agency Phone Number: _____

Agency Email Address: _____

I Am Applying To: ☐ ALI ☐ Undergraduate ☐ Graduate ☐ College of
Professional & Global
Education

I understand that I have the right **not** to consent to the release of information in my student records and that I may revoke this consent at any time by giving written notice to SF State and the person / the Agency named above. This consent remains valid unless and until I revoke it.

Prospective Student Signature: _____

Prospective Student Name (print): _____

Date: _____

If Prospective Student is under 18 years of age:

I am the parent or legal guardian of the Prospective Student. I am signing this document on his or her behalf.

Parent or Guardian Signature: _____

Parent or Guardian Name (print): _____

Date: _____



VISUAL/AUDIO IMAGE RELEASE FORM

I grant permission to California State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images.

I agree that CSU owns the images and all rights related to them. The images may be used in perpetuity and in any manner or media without notifying me, such as, but not limited to, university-sponsored websites, social media posts, publications, promotions, advertisements and posters. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

PROJECT: Semester@ program

DATE: Fall 2025

NAME (please print): _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

WITNESS SIGNATURE: _____

PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE:
