



**American Language and Culture Institute
California State University, Chico**

A P P L I C A T I O N F O R M

For referring agency/sponsoring organization only:

(students do not fill this out)

Agency name: _____
 Contact name: _____
 Telephone: _____ Fax: _____
 E-mail: _____

Housing (Refer to housing guide or Website for details and contact information.)

You must make your own housing arrangements. It is highly recommended that your arrangements are made and confirmed in advance of your scheduled arrival.

Options: On-campus residence hall Craig Hall private dormitory Private apartment
 University Village (off-campus) Homestay (contact ALCI to apply) Live with a friend or relative

Emergency contact person:

Name			Relationship to applicant		
Telephone	Fax (if available)		E-mail (if available)		
Mailing address	City	State/Prefecture	Country	Postal code	

Release of records: You must authorize the release of your records and transcripts to sponsoring organizations or admissions offices.

Health and accident insurance agreement: You must agree to provide proof of required insurance coverage at or prior to orientation. Failure to comply with this requirement will prevent enrollment or cause dis-enrollment from classes.

Financial certification: You must agree to provide proof of funds for tuition and living expenses (refer to *Schedule and Fee Information*). You must agree to pay tuition in full at the time of registration. You must agree to be legally responsible for all costs incurred while enrolled in ALCI.

Name of account holder for financial certification			Relationship to applicant		
Telephone	Fax (if available)				
Mailing address	City	State/Prefecture	Country	Postal code	
Required signature of account holder				Date of signature:	Month / Day / Year

Sponsor/guardian information: If the applicant is sponsored or receiving a scholarship or grant, the sponsoring organization must complete this section and must include a letter of financial support with this application.

Name of sponsor/guardian			Relationship to applicant		
Telephone	Fax (if available)		E-mail (if available)		
Sponsor address	City	State/Prefecture	Country	Postal code	

Special needs/concerns: Do you have a physical or learning disability that requires accommodations? Yes No
 (Note: providing this information does not affect your admission eligibility)

If yes, describe the necessary accommodations.

REQUIRED I certify that the information I have given is true and correct and that I agree to meet all requirements as stated:

Required signature of applicant (or guardian): _____ Date of signature: _____
 Month Day Year

Payment: Application fee (required) **US\$100** Express courier service fee (optional) **US\$45**

Payment options (choose one): Money order/check (enclosed) in the amount of US\$
 Credit card payment using VISA Credit card payment using MasterCard

Total to be paid: US\$ Credit card number:
 Expiration date: / CVS code from back of card:
 Month Year

Name on card:

Required card holder's signature: _____ Date: _____
 Month Day Year

Mail application materials and the US\$100 non-refundable application fee to:

American Language and Culture Institute
 Center for Regional and Continuing Education
 400 West First Street
 California State University, Chico
 Chico, CA 95929-0250