



# American Language and Culture Institute

**Telephone:** 530-898-6821    **Web site:** [rce.csuchico.edu/alci](http://rce.csuchico.edu/alci)  
**Fax:** 530-898-5668    **E-mail:** [alci@csuchico.edu](mailto:alci@csuchico.edu)

**Name as it appears on your passport**

Family name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

**Home country address**

Street address (not P.O. Box) \_\_\_\_\_  
 City \_\_\_\_\_ State/Prefecture \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax (if available) \_\_\_\_\_ E-mail \_\_\_\_\_

**Mailing address for acceptance materials (if different from above)**

Street address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State/Prefecture \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Date of birth:    /    /       Gender:    Male    Female  
Month    Day    Year

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Do you have family members who will accompany you?    Yes    No    If yes, please submit a marriage certificate for spouse / birth certificate for children (including name, date of birth, gender, country of birth, and country of citizenship).

Which session are you applying for? Session \_\_\_\_\_ orientation date    /    /    (Refer to the academic calendar for session numbers and dates)  
Month    Day    Year

How long do you plan to study at ALCI? \_\_\_\_\_ Highest educational level completed: \_\_\_\_\_

Are you applying for conditional admission to CSU, Chico or Butte College?    Yes    No    If yes, be sure to also submit the required application

If yes, CSU, Chico or Butte College    Which semester are you applying for?    Fall    Spring    Summer

Estimate your language proficiency:    Beginning    Intermediate    Advanced

Do you have a Student (F-1) Visa?    Yes    No    Will you apply for a Student (F-1) Visa?    Yes    No

**For transfer students only:** Are you currently attending another school in the US?    Yes    No

If yes {  
 Name of school: \_\_\_\_\_  
 Address of school: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Student's Telephone: \_\_\_\_\_ Student's Fax: \_\_\_\_\_

**How did you learn about ALCI?**

Agent (Name: _____ )	Embassy/Consulate (Name: _____ )
Internet (Name of Web page or search engine: _____ )	Guide book/magazine (Name: _____ )
Education/Study fair (Name: _____ )	My college/university (Name: _____ )
Friend/Family (Name: _____ )	Other (Specify: _____ )



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## APPLICATION FORM

### 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 (required)
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	E-mail (required)	
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 (required)
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: \_\_\_\_\_ / \_\_\_\_\_  
Month Year CVS code from back of card: \_\_\_\_\_

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