



American Language and Culture Institute

Telephone: 530-898-6821

Online: rce.csuchico.edu/alci

Fax: 530-898-5668

E-mail: alci@csuchico.edu

2017 ACADEMIC CALENDAR

SESSION	ORIENTATION	SESSION DATES	DURATION	HRS /WK	TUITION
Spring 1	January 19 – 20	January 23 – March 10	7 weeks	20	\$2,000
University Spring Break: March 13 – 17 (No ALCI Classes)					
Spring 2	March 23 – 24	March 27 – May 12	7 weeks	20	\$2,000
Summer	June 1 – 2	June 5 – July 28	7 weeks	20	\$2,000
Mid-Summer Break: July 3 – July 7 (No ALCI Classes)					
Fall 1	August 17 – 18	August 21 – October 6	7 weeks	20	\$2,000
Fall 2	October 12 – 13	October 16 – December 8	7 weeks	20	\$2,000

Thanksgiving break: November 20 – 24 (No ALCI Classes)

There is also a \$60 Student Health Center fee per session, and a \$2 ID card fee per semester. *Calendar dates, tuition, and fees may be subject to change.*

2018 ACADEMIC CALENDAR

SESSION	ORIENTATION	SESSION DATES	DURATION	HRS /WK	TUITION
Spring 1	January 18 – 19	January 22 – March 9	7 weeks	20	\$2,000
University Spring Break: March 19 – 23 (No ALCI Classes)					
Spring 2	March 22 – 23	March 26 – May 11	7 weeks	20	\$2,000
Summer	May 31 – June 1	June 4 – July 26	7 weeks	20	\$2,000
Mid-Summer Break: July 2 – July 6 (No ALCI Classes)					
Fall 1	August 16 – 17	August 20 – October 5	7 weeks	20	\$2,000
Fall 2	October 11 – 12	October 15 – December 7	7 weeks	20	\$2,000

Thanksgiving break: November 19 – 23 (No ALCI Classes)

There is also a \$60 Student Health Center fee per session, and a \$2 ID card fee per semester. *Calendar dates, tuition, and fees may be subject to change.*

APPLICATION CHECKLIST

FOR ALL STUDENTS

Students must provide proof of funds for tuition and living expenses as follows: US\$20,740 for one year
 US\$3,800 for one session

- Application Form:** *All sections must be completed. Be sure to sign and date the form.*
- US \$100 Application Fee:** *Make check or money order to “CSU, Chico Research Foundation”, or use credit card (Visa or MasterCard).*
- Financial Certification:** *Official bank statement required if you are applying for an F-1 (student) visa.*

FOR SOME STUDENTS IF APPLICABLE

- Express Courier Fee US\$45 (optional) is recommended** – *1st class airmail can take several weeks to deliver.*
- Transfer Clearance Form:** *If applicable*



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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\$ _____
 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