



THE AMERICAN LANGUAGE AND CULTURE INSTITUTE

Telephone: 530-898-6821

Online: alci.csuchico.edu

Fax: 530-898-5668

E-mail: alci@csuchico.edu**2019/2020 CALENDAR** Each session is 7 weeks long and includes 20 class hours/week.

SESSION	ORIENTATION	SESSION DATES	APPLICATION DEADLINE	TUITION
Fall 1 (2019)	August 22 – 23	August 26 – October 11	July 25	\$2,200
Fall 2 (2019)	October 17 – 18	October 21 – December 13	September 19	\$2,200
Thanksgiving Break: November 25 – 29 (No ALCI Classes)				
Winter Holidays & Winter Break: December 23 – January 20, 2020 (No ALCI Classes)				
Spring 1 (2020)	January 16 – 17	January 21 – March 6	December 12	\$2,200
Spring Break: March 16 – 20 (No ALCI Classes)				
Spring 2 (2020)	March 19 – 20	March 23 – May 8	February 20	\$2,200
Summer (2020)	May 28 – 29	June 1 – July 24	April 30	\$2,200
Mid-Summer Break: June 29 – July 3 (No ALCI Classes)				
Fall 1 (2020)	August 20 – 21	August 24 – October 9	July 24	\$2,200
Fall 2 (2020)	October 15 – 16	October 19 – December 11	September 18	\$2,200
Thanksgiving Break: November 26 – 27 (No ALCI Classes)				
Winter Holidays & Winter Break: December 25 – January 22, 2021 (No ALCI Classes)				

There is also a \$96 Student Health Services fee per session for full-time students, and \$2 Student ID Card fee. 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:

- \$21,920 USD for one year
- \$12,108 USD for 6 months
- \$4,036 USD for one session

- Application Form:** All sections must be completed. Be sure to sign and date the form.
- \$100 USD Application Fee:** Mail check or money order payable to "CSU, Chico Research Foundation", or pay with VISA/MasterCard online at bit.ly/alci-chico-fees.
- Financial Certification:** Official bank statement required if you are applying for an F-1 (student) visa.

FOR SOME STUDENTS IF APPLICABLE

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



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Fax: 530-898-5668 **E-mail:** 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 Month / Day / Year (Refer to the academic calendar for session numbers and dates)

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	The Social Chico (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

Financial certification: I agree to provide proof of funds for tuition and living expenses (refer to Application Checklist); to pay tuition in full at the time of registration; and be legally responsible for all costs incurred while applicant is 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.

Release of records: I authorize the release of my records and transcripts to sponsoring organizations or admissions offices. **Required initial**

Health and accident insurance agreement: I 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. **Required initial**

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 and payable to "CSU, Chico Research Foundation") in the amount of US\$
Credit card payments are accepted online **ONLY** through **bit.ly/alci-chico-fees**

Total to be paid: US\$ _____

Mail application materials and check/money order to:
American Language and Culture Institute
Regional & Continuing Education
400 West First Street
California State University, Chico
Chico, CA 95929-0250