

California State University, Fullerton

International Student Leadership Program

International Programs, Asia

University Extended Education

2600 E. Nutwood Ave. Ste. 950

Fullerton, CA 92831

U.S.A.

Telephone: (657) 278-4190 Fax: (657) 278-1454 e-mail: ahwang@fullerton.edu

Application for Admission to Summer 2010 International Student Leadership Program

Please complete this form thoroughly.

*Required for DS2019 processing

*Name (as it appears in passport) _____
(family/surname/last name) (given/first name)

Mailing address:

_____ Telephone Number _____

_____ Fax Number _____

_____ *E-Mail _____

*Date of birth ____/____/____ *Country of birth _____
Month day year

*Country of citizenship _____ Native language _____

* Male___ Female___ The name of college or university you are currently attending:

Your academic standing is: First time freshman___ Sophomore___ Junior___ Senior___ Graduate ___

Your major: _____

***Permanent address in your home country:**

Name _____ Relationship _____

Address _____ Home telephone # _____

_____ Work telephone # _____

***Source of financial support (minimum \$6,000):**

Parent/Family member ___ Friend ___ Personal savings ___

Name of Sponsor _____

Mailing address of Sponsor _____

The financial sponsor should complete and sign the following statement.

I _____ certify that I will assume full financial
(name of sponsor)
responsibility (including educational expenses and living expenses) for _____
(Name of applicant)

While he/she is enrolled in the Summer Short-term Study Abroad Program at Cal State Fullerton. The
applicant is my _____
(relationship to sponsor)

Signature of sponsor _____ Date _____

Please include an original letter from the sponsor's bank showing that there are sufficient funds to cover the student's expenses while in the U.S. Bank verification letters must have a current date and show funds available.

I certify that the above information is true and correct.

Signature _____ Date _____

To complete your application, please attach the following:

1. Original bank document or scholarship verification of support funds.
2. Photocopy of passport information page.
3. Non-refundable Deposit (\$300) (Due May 15, 2010)

Method of Payment

A. Cashier's Check or Money Order payable to "CSUF"

B. Credit Card: Visa ___ MasterCard ___ Discover ___

Card Number _____ **Exp. Date** ____/____(Month/Year)

Cardholder Name _____

Signature _____ (required for Credit Card Payments)