

# SUMMER ENGLISH EXPERIENCE ■ INTENSIVE TOEFL PREPARATION

## APPLICATION FORM

### ▼ PART I – PERSONAL INFORMATION (Please Print CLEARLY.)

Name: \_\_\_\_\_, \_\_\_\_\_  Male  Female  
Family Name (Attach copy of passport name page) First Name (as it appears on your passport)

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(e.g. JAN 01, 1979) Month Day Year

Country of Citizenship: \_\_\_\_\_

Native Language: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

▶ **Permanent Address In Home Country (required):**

Address: \_\_\_\_\_  
Street Apartment Number

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Country Code City Code Number Country Code City Code Number

▶ **Student's Representative:** Relationship to student:  Agency  Relative

Agency's/Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apartment Number

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Country Code City Code Number Country Code City Code Number

Agency's/Relative's E-mail: \_\_\_\_\_

### ▼ PART 2 – PROGRAM INFORMATION

I am applying to the following program(s) (check all that apply and the dates for each):

I plan to enroll for:  Summer English Experience  Intensive TOEFL Preparation  BOTH

▶ **Summer English Experience:**  June 8 – June 26, 2009 (3-week program) **OR**  July 13 – July 31, 2009 (3-week program)

▶ **Intensive TOEFL Preparation:**  June 8 – June 26, 2009 (3-week program) **OR**  July 13 – July 31, 2009 (3-week program)

Have you attended any of our programs before? If so, when? \_\_\_\_\_

### ▼ PART 3 – PAYMENT PROCEDURE

You must submit the non-refundable application fee with your application. Please indicate the amounts you are enclosing with this application:

Summer English Experience tuition and on-campus housing fee: \$ 1980

Intensive TOEFL Preparation tuition and on-campus housing fee: \$ 1980

English Language Programs application fee : \$ 100

**TOTAL amount enclosed with this application: \$ \_\_\_\_\_**

▶ **Payment Options** (Please to not mail cash):

I have enclosed a money order/bank draft/traveler's checks in the amount of \$ \_\_\_\_\_  
(Please be sure to endorse your traveler's checks and make checks payable to CSUN.)

I would like to pay by credit card     (We cannot accept American Express and Discover cards.) Total to be charged \$ \_\_\_\_\_

Credit Car Number \_\_\_\_\_ Expiration date (month/year) \_\_\_\_\_ Name on Credit Card \_\_\_\_\_ Authorized signature \_\_\_\_\_

By signing above, I authorize California State University, Northridge to charge my credit card for the amount I have entered above.

**▼ PART 4 – VISA INFORMATION**

Are you currently in the U.S.?  Yes  No

If yes, please use your I-94 form (a white or green card in your passport) to answer the following questions:

Date of Entry: \_\_\_\_\_ I-94 Expiration Date: \_\_\_\_\_ Visa Status: \_\_\_\_\_

Please see the reverse side for information on visas.

**▼ PART 5 – CONFIRMATION OF ACCEPTANCE**

Please send my confirmation of acceptance to:

Use address shown on Side One

Use other address:

Address: \_\_\_\_\_  
Street Apartment Number

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

I authorize \_\_\_\_\_, \_\_\_\_\_ to pick up my confirmation packet at the IEP office.  
Name Relationship to Student

Please contact him/her at \_\_\_\_\_ when it is ready.  
Telephone or E-mail

**▼ PART 6 – SIGNATURE**

I verify that the information contained in this application is accurate to the best of my knowledge. I acknowledge that I am required to pay the non-refundable application fee even if I decide to withdraw or cancel my enrollment.

\_\_\_\_\_  
Name of student Signature of student Date

\_\_\_\_\_  
Name of representative Signature of representative Date

**CANCELLATION POLICY**

- ✓ No refund is possible after the start of the program.
- ✓ All refund requests must be submitted in writing.
- ✓ A full course fee refund, less the \$100 application fee, is applicable if written request is received by our office before the program start date.

**PLEASE MAIL/FAX/EMAIL COMPLETED APPLICATION TO:**

**Intensive English Program**  
**California State University, Northridge**  
18111 Nordhoff Street  
Northridge, CA 91330-8306, U.S.A.

Tel: (818) 677-6402  
Fax: (818) 677-2700  
E-mail: iep@csun.edu  
Web site: www.csun.edu/iep