



CAL STATE LA



COLLEGE
CONTACT.COM

Application Form for Study in LA

Program Section

Application For:

☐ Fall: August

☐ Spring: January

Year:

Program Length:

☐ One Semester

☐ Two Semesters

Personal Data

Last Name/Family Name:

First Name/Given Name:

Student Email:

Alternate Email:

Password for Student Account:

Date of Birth (MM/DD/YY):

Gender:

☐ Male

☐ Female

Phone Number:

City and Country of Birth:

Country of Permanent Residence:

Country of Citizenship:

Mailing Address:

(Include Street Name and
Number, Zip Code, City,
State and Country)

On Campus Housing

Are you interested in on-campus housing?

☐ Yes

☐ No

☐ Maybe

Academic Records

Home University: _____

Field of Study at Home University: _____

Field of Study at Cal State LA: _____

What is the highest degree you have earned so far?

- ☐ None - currently working on Bachelor's
- ☐ Completed Bachelor's
- ☐ Completed Master's
- ☐ Completed Ph.D.

Desired Course Level(s) at Cal State LA

- ☐ Undergraduate
- ☐ Graduate
- ☐ Both Undergraduate and Graduate

Mailing Address (where your I-20 and correspondence can be sent)

How do you prefer to receive your I-20? ☒ By Mail ☐ To pick up

Application Fee Payment (\$200)

Method of Payment: ☒ Credit/Bank Card

Credit/Bank Card

Cardholder's Name: _____

Credit Card Billing Address: _____

Credit Card Number: _____

CVV2*: _____

The CVV2 is a 3- or 4-digit value printed on the card or signature strip

Credit Card Type:

- ☐ Visa
- ☐ Mastercard
- ☐ American Express
- ☐ DISCOVER

Expiration Date (MM/YYYY): _____

Cardholder's Signature: _____

Application Certification

1. I certify that all information given is true and correct.

☐ Yes

2. I fully understand the minimum amount of financial resources that I must provide for the duration of my studies at California State University, Los Angeles.

☐ Yes

3. I understand that providing false or misleading information can result on my disenrollment at California State University, Los Angeles.

☐ Yes

Agent

1. Are you represented by an agency?

☒ Yes ☐ No

2. What is the Name of the agency?

College Contact GmbH
Hanauer Landstrasse 151-153
60314 Frankfurt am Main
Germany

Applicant's Signature

I hereby permit College Contact to submit the information which I have provided on this form to Study In LA, California State University Los Angeles via an electronic online application form created and maintained by California State University Los Angeles.

☐ Yes ☐ No

I certify that the above information is true and correct.

Signature

Date



SEMESTER IN LA

DECLARATION AND CERTIFICATION OF FINANCES

Participants must show proof that they have the available funds to support themselves for the entire length of the program at Cal State LA. **Semester In LA** students are not eligible for financial aid through Cal State LA. Please keep in mind that expenses will vary depending on choice of accommodation and personal spending habits. All expenses are the student's financial responsibility. Please note that students must demonstrate a minimum standard of financial resources in order to qualify for the immigration document issued by our office and for the visa issued by the U.S. Consulate.

Estimated Expenses - Spring Semester 2022 - about 16 Weeks	
Semester In LA Tuition & Fees - Includes: 12 units of study; Mandatory Health Insurance; Student Health Center, USU Fitness Center; Some Socials & Events, and Program Administration	Student's Financial Responsibility
	\$6,205
Living Expenses (estimated)	\$8,136*
Books and Supplies (estimated)	\$930*
Total (minimum cash needed in bank)	\$15,271

* Cost subject to change without notice

SOURCE OF FINANCIAL SUPPORT

Indicate the amount of financial support in U.S. dollars each category available for the duration of your participation in the program.

Name _____
*As on your passport Family Name First Name Middle Name(s)

Personal/family funds:	\$ _____	
Home University funds:	\$ _____	
Government Funds	\$ _____	School Name or Gov Agency: _____
Other funds:	\$ _____	Description: _____
Total funds available:	\$ _____	

CERTIFICATION OF FINANCIAL SUPPORT FROM SPONSOR - Your sponsor must complete this section. Sponsor's name must match the name on the bank statement.

"I guarantee that the sum of (U.S. dollars) \$ _____ will be available to _____ for his/her study at California State University, Los Angeles."
Student's name

Name of sponsor _____ Relationship to student _____

Address of sponsor _____

Sponsor's signature _____ Date _____

Bank Certification: 2 methods - Choose one 1) This section can be completed by a bank official OR 2) You may submit a bank statement on bank letterhead with the bank stamp or seal and bank official's signature.

Name of depositor: _____

Account type: ☐ Checking ☐ Savings ☐ Other _____

Current balance: \$ _____ in U.S. Dollars

Bank name: _____

Bank address: _____

Name of bank official: _____

Signature of bank official: _____

Bank Seal or Stamp (Required)

SIGNATURE OF STUDENT: _____

Updated: 09/16/21