

AMERICAN LANGUAGE & CULTURE INSTITUTE



# American Language and Culture Institute

Special Programs Application • Name of special program you are applying for

Telephone: 530-898-6821 Web site: rce.csuchico.edu/alci 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: / /  
Month Day Year

Gender: Male Female

Country of birth:

Country of citizenship:

Do you have family members who will accompany you?

Yes

No

If yes, please list family information: include name, date of birth, gender, relationship, country of birth, and country of citizenship (on a separate piece of paper).

Highest educational level completed:

Estimate your language proficiency: Beginning Intermediate Advanced

What type of Visa do you have? Student (F-1) Exchange Visitor: Student or Professor (J-1) Tourist (B-2) Visa Waiver

Other:



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**Emergency contact person:**

Name		Relationship to applicant		
Telephone	Fax (if available)		E-mail	
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.

**Required signature**

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	
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 ~~US\$100~~: Waived

**CONTACT INFORMATION:**

**American Language and Culture Institute**  
Center for Regional and Continuing Education  
California State University, Chico  
Chico, California, USA 95929-0250

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