

Agency Name:

Contact Person:

Agent Code:

SAN DIEGO STATE UNIVERSITY (SDSU) APPLICATION FORM



STUDENT INFORMATION (Please type your name exactly as it is on your passport!) Family Name: First Name: Middle Name(s): Date of Birth (mm/dd/yyyy): Sex (male/female): Country of Birth: Country of Citizenship: Student Email: Alternative Agent E-Mail: beratung@academic-embassy.de MAILING ADDRESS (IF NOT THE SAME) STUDENT'S PERMANENT ADDRESS Permanent Address: Mailing Address: City: City: State/Province State/Province Country: Country: Postal Code: Postal Code: Telephone Number: Telephone Number: AGENT CONTACT INFORMATION Are you applying through an agent? YES

Academic Embassy

Lars Zimmermann

7675



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PROGRAMS

Select	Program	Start Date	End Date	Cost
	Semester at SDSU – Spring 2024	mid-January	mid-May	\$7,000
	Semester at SDSU - Fall 2024	mid-August	mid-December	\$7,000
	Semester at SDSU – Spring 2025	mid-January	mid-May	\$7,000

VISA INFORMATION

Please complete this section if you will need an F-1 student visa to enter the United States, and to study at the American Language Institute. To apply for an F-1 student visa at the U.S. Embassy or consulate in your home country, you will need an I-20. To receive an I-20 please do the following:

- 1. Complete the VISA information section.
- 2. Send us a financial statement from your bank.

AMOUNT NEEDED

The amount of funds you need will depend on the cost of the program you want to take plus approximately \$1,500 per month for living expenses. All students on an F-1 student status must have health insurance coverage. In addition, if you are bringing dependents, you should estimate an additional \$500 per month for a spouse and \$250 per month for a child.

Source of Funds	[] Self [] Family [] Other (please specify)
	If you checked 'family' or 'other' under 'Source of Funds,' the person who is financially responsible for you must read and sign the statement below.
	I have read the information about the tuition, health insurance and living expenses for the period of study at the American Language Institute at San Diego State University. I certify that these funds are available and I accept full responsibility for these expenses.
Affidavit of Financial Support	Printed name (first & last) of person financially responsible:
	Signature:
	Date:
	If you are sponsored by a company, agency, foundation or government agency, you will need to send a letter from that sponsor that specifies which costs the sponsor will pay.
Sponsor's Funds	Name of sponsoring company, foundation or government agency (Auslands-BAföG):

FAMILY MEMBERS

If you are bringing family members with you to the U.S., they will need to be included on your I-20. Please estimate an additional \$500 per month for a spouse and \$250 per month or a child.

#1 #2

Last Name, First Name, Last Name, First Name,

Middle Name Middle Name

Date of Birth (mm/dd/yy)

Date of Birth (mm/dd/yy)

Country of Birth Country of Birth



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Country of Citizenship		Country of Citizenship)		
Gender [] Male	[] Female	Gender	[]	Male [] Fema	le
Relationship to You [] Child	[] Spouse	Relationship to You	[]	Child [] Spous	se
*Attach on additional sheet if you have	e more family mer	mbers to include on the I-2	20.		
TRANSFER INFORMATION					
Have you ever attending the ALI before Were (or are) you currently attending			f yes, wher	?	
MAILING INFORMATION					
We mail the first I-20 and/or other info Express. Prices vary by country.	rmation via DHL E	Express for free. You mus	t pay for an	y additional ma	ilings via DHL
HOUSING INFORMATION REQUES	ī da				
Note: Homestay/On-campus housing receive a space. Please send me ho	will be assigned b			ARANTEE hat	you will
[] On-Campus Dormitory		[] Homestay			
[] On-Campus Apartment	[] Off-campus Housing (Non-ALI affiliated)			ffiliated)	
		[] I do not need housing	J		
Only select two top preferences:					
Fraternity Row Campus Apartments Walking distance to ALI/SDSU - Priva dresser, a nightstand, lamps, dining ta internet included - Utilities (up to \$100 first-served - Clubhouse and courtyard The unit is shared among other ALI, in short-term stay, unless otherwise notes.	te and shared roo able and chairs, ki per month, per u d with BBQ and la aternational studel	tchen and cookware items nit) included - Two parking undry facilities - Bed liner	s, coffee tab g spaces pe is and mea	ole, and sofa - Ner unit, based o I plans are NO	Wireless n first-come, Γ included -
Package	Dates		Price	1st Choice	2nd Choice
Spring & Fall - Private Room		cademic Embassy			
Spring & Fall - Shared Room	Please contact A	cademic Embassy			
Sanctuary Campus Apartments Walking distance to the ALI/SDSU - R available - Full furnished with a twin-s cookware items, coffee table, and soft Laundry facilities on every floor - Two plans are NOT included - The unit is s available for flex-entry or short-term s	ized bed, a dresse a - Wireless intern parking spaces pe hared among othe	er, a nightstand, lamps, di let included - Utilities (up t er unit, based on first-com er ALI, international stude	ning table a to \$100 per ne, first-ser\	and chairs, kitch unit per month red - Bed linens	nen and) included - s and meal
Package	Dates		Price	1st Choice	2nd Choice
Private Room	-	cademic Embassy			
Shared Bedroom	Please contact A	cademic Embassy			
Do you prefer a roommate from you					



If selecting Homestay:

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Homestay Preferences Start Date Housing Needed:	End Date Housing Needed:
Do you smoke? [] Yes	[] No
Allergic to cats or dogs? [] Yes	[] No
Is living with children (under 10 years old) okay?	[] No
Special food request (vegetarian, allergies)? [] Yes	[] No
Special Needs If you need special services to accommodate a physic	eal, visual or hearing disability, please describe:
AIRPORT PICK UP	
[] Yes; Available daily, you will be charged a \$60 fee	. [] I do not need airport pick up
IMPORTANT INFORMATION	
I certify that I have read and agree to comply with all the [] Yes	he ALI Housing Terms and Conditions. [] No
in the application is true to the best of my knowledge.	enrollment and I-20 processing and the information I am providing
[] Yes	[] No
By choosing to submit this form electronically, I agree myself to the same extent as I would by signing my na $$	that I am at least 18 years old and that I bind and legally obligate ame on a printed paper version of this form.
[]Yes	[] No
The ALI requests your permission to include your nam database.	e, program, and dates of attendance in a public directory
[] Yes	[] No
Do you need special services to accommodate a phys	ical, visual or learning disability?
[] Yes If yes, please describe:	[] No



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APPLICATION FEE A	ND METHOD OF PAYMENT
1. Credit Card	[] Visa [] Mastercard [] Discover [] American Express
	Card Number:
	Expiration Date (mm/yy):
	CVV (3 digit code on the backside of card):
	Card holder's Name:
	Billing Address of Credit Card:
	Relationship to Student:
	Payment Amount: \$175
	Card holder's Signature:
2. Wire Transfer	Please contact Academic Embassy for current bank information!
	Please include student name of transfer. Submit proof of wire transfer with application.
3. Cashier's Check	Please make payable to: SDSU Research Foundation Mail to: American Language Institute, San Diego State University, 5250 Campanile Drive, San Diego, CA 92182, USA
DECLARATION	
	d all the information regarding enrollment and I-20 processing, that I am at least 18 years old and oviding in the application ist rue to the best of my knowledge.
Date:	
Signature Applicant: X	
	on to Academic Embassy to submit my application based on the information I provided in this form al of the American Language Institute (ALI) of the San Diego State University.
Date:	
Signature Applicant: X	

Senden Sie Ihre Bewerbung an:
ACADEMIC EMBASSY
Markt 39 | 53111 Bonn
beratung@academic-embassy.de
FAX: 0228 / 28 64 333