

Study Abroad @ the Beach

Application Form

California State University
Long Beach
Center for
International Education



Contact Information

Family Name _____	Given Name _____	
Mailing Address _____		
City _____	Country _____	Postal Code or ZIP Code _____
Phone (____) _____	Fax (____) _____	
Email _____	Birth Date _____ / _____ / _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth _____		Country of Citizenship _____

Permanent Home Country Address

Address _____		
City _____	Country _____	Postal Code or ZIP Code _____
Phone (____) _____	Fax (____) _____	

Academic Information

Please indicate the term(s) that you will participate in Study Abroad @ the Beach:	Fall 2019 <input type="checkbox"/>	Spring 2020 <input type="checkbox"/>
Are you currently attending a college or university in your home country?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of current school/university:	_____	
Field(s) of study at home school/university:	_____	
Your academic standing is :	Bachelors (undergraduate) <input type="checkbox"/>	Masters (graduate) <input type="checkbox"/> If Masters, date of Bachelors completion: _____

Method of Payment (for \$200 non-refundable application fee) Email Studyatthebeach@csulb.edu for wire transfer information

Personal check enclosed—drawn on a U.S. bank account and made payable to CSULB, a money order, or a cashier's check:	Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
Credit Card: (check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Credit Card Number:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Security Code _____	Amount to charged _____	Expiration Date _____ / _____																				
Print Name _____	Authorization Signature _____																					

Confirmation of Payment and Acceptance

Send my confirmation of acceptance to:	Mailing address above <input type="checkbox"/>	Other Address: _____ <input type="checkbox"/>
Is an agent helping you apply?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If Yes, Name of Agent: _____	Agent Email: _____	

Signature

I verify that the information contained in this application is accurate.	
Signature of Student _____	Date _____