



Contact Information

Family Name _____ Given Name _____
Mailing Address _____ City _____
State/Province/Region _____ Country _____ Postal Code or ZIP Code _____
Phone _____ Email _____
City of Birth _____ Birth Date _____ / _____ / _____ Male Female
Country of Birth _____ Country of Citizenship _____

Permanent Home Country Address

Address _____ City _____
State/Province/Region _____ Country _____ Postal Code or ZIP Code _____
Phone _____

Academic Information

Please indicate the term(s) that you will participate in Study Abroad @ The Beach: Fall 20 _____ Spring 20 _____
Are you currently attending a college or university in your home country?: Yes No
Name of current school/university: _____
Field(s) of study at home school/university _____
Your academic standing is : Bachelors (undergraduate) Masters (graduate) 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 No
Credit Card: (check one) Visa MasterCard Credit Card Number: _____
Security Code _____ Amount to be charged _____
Expiration Date _____ / _____
Month Year
Print Name _____ Authorization Signature _____

Confirmation of Payment and Acceptance

Send my confirmation of acceptance to:
 Mailing address above Other address _____
Is an agency helping you apply? Yes No
If yes, name of agent: _____ Agent email: _____

Signature

I verify that the information contained in this application is accurate.

Signature of Student _____ Date _____