

1126 North Brookhurst Street, Suite 200, Anaheim, CA 92801

Tel: 714.533.3946, Fax: 714.533.7778

# ADMISSIONS APPLICATION CHECKLIST For New International Students

Date:	Program of Interest:	Intended Start Term:
N. CA 1'		
Name of Applicant:		
Last Name	First Name	Middle Name
Documents/Information		cription
Application Form	All blanks must be completely answered and	
Application Fee	\$100 Non-refundable You can pay online through <u>CALUMS</u> websit	te.
Official transcript(s) and a copy of its corresponding diploma or diploma certificate	At least a bachelor's degree completed from a corresponding diploma/degree certificate.  Transcripts must be ORIGINAL or authenticate.	college/university attended and a copy of its
Foreign Transcript Evaluation, if applicable	If college/university degree or credits are earn countries where English is not the primary lan AICE or NACES approved agencies.	ned from schools outside the U.S. or from nguages, transcripts must be evaluated from an
	Evaluation fee (non-refundable): \$100 for ger For more information, please visit <u>CALUMS</u>	
Letter of Recommendation	At least one letter of recommendation from ac	cademic or business professional(s)
English Language Proficiency Requirement	Please select one of the followings	
	For more information, please visit <u>CALUMS</u>	website.
SEVIS I-20 Request Form	All blanks must be completely and accurately	answered.
Evidence of Financial Ability	Affidavit of Financial Support and Official Bank Statement or Letter from App	olicant/Sponsor(s) – ORIGINAL
Identification	For Applicant - Copy of Passport with the	U.S. Visa Details and I-94
	If you have dependent(s), the following documents	ments are required.
	For Dependent(s) - Copy of Passport with	the U.S. Visa details and I-94 if applicable; and
	For Dependent(s) - Proof of relationship: Namily Registry	Marriage Certificate, Birth Certificate, and/or
Shipping Fee, if applicable	Not applicable if I-20 form is picked up by th delivery.	e student or received by secured electronic
	\$70-\$100 for international (non-refundable	le)
	\$30 for domestic (Non-refundable)	
	You can pay online through CALUMS websit	<u>te</u>





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	APPLICAT	ION FORM	
PERSONAL DATA			
NAME			
	Last	First	Middle
DATE OF BIRTH	W. J. / B. / V.	PLACE OF BIRTH	
COUNTRY/ TERRITO	Month / Day / Year  DRY OF CITIZENSHIP		City Country/Territory
	TO CITIZENSIII		
MAILING ADDRESS	Building No:	<del></del>	
	Street:	•	
	City:	State/Province:	
	Zip Code:	Country/Territory:	
IN CASE OF EMERGI	ENCY, NOTIFY:		
		PHONE	
ADDRESS	Building No:	Apt No:	
	Street:		
	City:	State/Province:	
	Zip Code:	Country/Territory:	
	Relationship to Applicant:		
PROGRAM			
APPLYING FOR THE  UNITER 20  FIELD OF STUDY AT	□ SPRING 20	□ SUMMER 20	□ FALL 20
	isiness Administration (M.B.A.)	☐ Master of Science in Com	nputer Information Systems (M.S.C.I.S
PLEASE MARK ALL A	APPLICABLE:		
	ON-HISPANIC   HISPANIC PACIFIC ISLANDER   AMERICAN INI	DIAN / ALASKAN NATIVE	WHITE, NON-HISPANIC RACE / ETHNICITY UNKNOWN
R OFFICE USE ONLY	DATE RECEIVED	RECEIPT NO.	
	APPLICATION FEE □\$100	□\$20 for Re-issue I-20	
	I-20 ISSUED ON	SEVIS #	
	CALUMS STUDENT I.D. #		





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A1 (cont.)

# **APPLICATION FORM**

NAME AND LOCATION OF HIGH SCHOOL, CO		VEAD		
OTHER SCHOOLS ATTENDED	JLLEGE(S),	YEAR FROM/TO	MAJOR	DEGREE
			I	
EASE TELL US ABOUT YOUR DECISIO	ON IN CHOOSI	NG CALUMS. (R	EQUIRED)	
HY DID YOU CHOOSE YOUR PROGRA	M OF INTERE	EST? (REQUIRE	D)	
W DID YOU HEAR ABOUT US? PLEAS	E SPECIFY.			
W DID YOU HEAR ABOUT US? PLEAS				
W DID YOU HEAR ABOUT US? PLEAS NEWSPAPER/MAGAZINE		VEBSITE		
	W		ND TRANSFER DAY EVENTS	
NEWSPAPER/MAGAZINE TELEVISION/RADIO	W Co	OLLEGE CAREER AI	ND TRANSFER DAY EVENTS	
NEWSPAPER/MAGAZINE	W Co		ND TRANSFER DAY EVENTS	)

### THE APPLICATION FEE IS NON-REFUNDABLE.

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL ON THE BASIS OF AGE, SEX, RACE, COLOR, RELIGION, NATIONALITY, ETHNIC ORIGIN, OR DISABILITY IN THE ADMISSION OF STUDENTS.

CALUMS CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

Tel: 714.533.3946, Fax: 714.533.7778

1-2	20 REQUEST	FORM FOI	R INTE	RNATION	NAL STUDENT	ΓS
Please type or print cle	early in <b>BLACK INK</b> .	Please print legib	ly.			
STUDENT NAME						
	Last		i	First		Middle
DATE OF BIRTH			G	ENDER 🗆 1	MALE □ FEMALI	E □ OTHER
	Month / Da	y / Year				
COUNTRY/ TERRIT	TORY OF BIRTH					
E-MAIL						
FOREIGN ADDRES	S Building No			Apt No:		
TOREIGHTEE	Street:	•		1101110.		
	<u> </u>					
	City:			State/Pr	ovince:	
	Zip Code:			Country	Territory:	
U.S. ADDRESS	Building No	:		Apt No:		
(If Applicable)	Street:					
	City:			State:		Zip Code:
TRANSFER FROM	Name of sch	ool:				
(If Applicable)	Address					
	Phone:		Fo	ıx:	Name of D	SO:
EDUCATION LEVE	L DESIRED AT C	'ALUMS:				
☐ Master of Scien	nce in Computer Inf	ormation System	s (M.S.C.I.S	S.) 🗆 Mast	er of Business Admin	istration (M.B.A.)
APPLYING FOR TH	IE TERM BEGINN	JING:				
□WINTER 20_	☐ SPRING		□ SUMMEI	R 20_	☐ FALL 20	
FINANCIAL INFOR						
	RSONAL FUNDS		/ FUNDS FF	ROM ABROAD		SPONSOR IN U.S.A.
DEPENDENTS FOR  LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP
	G	il (A -l-litil 650	¢400			
☐ Please mail my I-20 j	, .	•				_ (Please attach a copy)
	•		•			
NOTE: Your I-20 Form cannot acceptance letter is issued by Please note that it takes at I-	y the Director of Admiss	ions.		I-20 ISSUED		ONLY
	case times (5) working the	2,5 to process i 20 do		I-20 MAILE	D ON	

**EXPRESS AIR BILL#** 

# **EVIDENCE OF FINANCIAL ABILITY for International Students**

All international students must provide evidence of financial support to study and live in the U.S. while enrolled in the program. The document or letter needs to meet the following requirements:

#### **Proof of Funds:**

- An original bank statement or letter of an account balance from the bank must be provided to validate the certification noted on the form. The bank statement/letter must have the fund's currency denoted and be dated within 90 days of issuing.
- Must be a liquid bank account; one that allows cash to be withdrawn easily at any given time. Checking and savings accounts are the most common examples of such accounts.
- Must clearly state the account holder's name, account number and account type.
- Minimum funds required for each academic year (9 months) are listed below:

Bachelor's program: \$23,000 USDMaster's program: \$25,000 USD

# F-1 students must show sufficient funding for F-2 dependent(s):

• Each Dependent: Add \$4,500 USD

Acceptable documents	Documents NOT typically accepted
Bank statement	Tax returns
Bank letter	Tax documents in general
<ul> <li>Organizational sponsor</li> </ul>	Mortgages
(govt., corporate, etc.)	Employment or salary statements
• Loans	Property valuations
• Investment portfolio	(real estate, jewelry, automobiles, etc.)
	Life insurance
	Retirement accounts

### **Requirements for All Financial Documents:**

- Current date (within 90 days of applying)
- Account holder's name
- Documents from banks, scholarships, etc. must be on official letterhead and include signature/stamp of an administrative officer or official
- Must state the available final balance
- Must have the fund's currency denoted
- Must be translated to English
- If account holder is someone other than applicant, include the Affidavit of Financial Support
  - o Financial Sponsor must be applicant's family member.
  - o Affidavit of Financial Responsibility/Support form must be submitted with both the applicant's and the sponsor's signatures.

# **EVIDENCE OF FINANCIAL ABILITY for International Students (continued)**

### **Business Account:**

If applicant chooses to use a business account, the minimum funds required for each academic year is \$50,000 USD. The required documents include:

- Bank statement or letter of an account balance from the bank
- Business license indicating company name and effective date
- Information proving that applicant (or the financial sponsor) is the primary financial decision maker of the account.

## **Original Documents**

Faxed or emailed copies are acceptable for initial processing of the I-20. ORIGINAL documents must be presented to the Admissions Office prior to filling out an enrollment agreement. Be aware that if you are applying for an F visa from your home country, you must present the ORIGINAL Bank Statement and Sponsor Affidavit to the Embassy.

\*Please note that at the discretion of the Admissions and Academic Office, additional financial documents may be requested to certify evidence of financial support.

# **AFFIDAVIT OF FINANCIAL RESPONSIBILITY/SUPPORT – Master's Programs**

APPLICANT'S NAME	First	:	Middle
DATE OF BIRTH	PHONE NU	J <b>MBER</b>	
Mont	th / Day / Year		
ADDRESS			
E-MAIL			
Please complete the following if you	ir dependent/s will be living with you while	you are attending the Unive	rsity.
NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	COUNTRY OF BIRTH
TO BE COMPLETED BY This form must be accompanied with ave the fund's currency denoted a negative and educational expenses (Acade	<b>FHE SPONSOR</b> (If other than the apple h a certificate of deposit (drawn under the name of deposit (drawn under the name of detection of deposit (drawn under the name of detection of deposit (drawn under the name of detection of deposit (drawn under the name of de	icant) ume of the applicant), currer	
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Mail this form to: Office of Admissions

year is 9 months. Prices are subject to change without notice.

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