



ADMISSIONS APPLICATION CHECKLIST For Transfer-In Students

Date:	Program of Interest:	Intended Start Term:
Name of Applicant:		
Last Name	First Name	Middle Name
Documents/Information	Description	
Application Form	All blanks must be completely answered and signed by the applicant.	
Application Fee	\$100 Non-refundable You can pay online through CALUMS website .	
Official transcript(s) and a copy of its corresponding diploma or diploma certificate	At least a bachelor's degree completed from college/university attended and a copy of its corresponding diploma/degree certificate. Transcripts must be ORIGINAL or authenticated digital copy. No photocopies are allowed.	
Foreign Transcript Evaluation, if applicable	If college/university degree or credits are earned from schools outside the U.S. or from countries where English is not the primary languages, transcripts must be evaluated from an AICE or NACES approved agencies. Evaluation fee (non-refundable): \$100 for general, \$200 for course-by-course For more information, please visit CALUMS website .	
Letter of Recommendation	At least one letter of recommendation from academic or business professional(s)	
English Language Proficiency Requirement	Please select one. For more information, please visit CALUMS 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 Applicant/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 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: Marriage Certificate, Birth Certificate, and/or Family Registry	
SEVIS Transfer Eligibility Form	DSO of Transfer-out institution must complete and return this form before issuing the acceptance letter by CALUMS)	
Copy of Current I-20 Form and all previously issued I-20 forms	Copy of current I-20 Form from Transfer-out school and all other previously issued I-20 Forms	
Shipping Fee, if applicable	Not applicable if I-20 form is picked up by the student or received by secured electronic delivery. \$70-\$100 for international (non-refundable) \$30 for domestic (Non-refundable) You can pay online through CALUMS website	



CALUMS

Address : 1126 N. Brookhurst St, Suite 200, Anaheim CA 92801

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

Tel : 714.533.3946 Fax : 714.533.7778

AM 210

Website: www.calums.edu

APPLICATION FORM

I. PERSONAL DATA

NAME _____
Last First Middle

DATE OF BIRTH _____ PLACE OF BIRTH _____
Month / Day / Year City Country/Territory

COUNTRY/ TERRITORY OF CITIZENSHIP _____

HOME PHONE _____ WORK PHONE _____

E-MAIL _____ MOBILE PHONE _____

MAILING ADDRESS *Building No:* _____ *Apt No:* _____
Street: _____
City: _____ *State/Province:* _____
Zip Code: _____ *Country/Territory:* _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ PHONE _____

ADDRESS *Building No:* _____ *Apt No:* _____
Street: _____
City: _____ *State/Province:* _____
Zip Code: _____ *Country/Territory:* _____
Relationship to Applicant: _____

II. PROGRAM

APPLYING FOR THE TERM BEGINNING:

☐ WINTER 20____ ☐ SPRING 20____ ☐ SUMMER 20____ ☐ FALL 20____

FIELD OF STUDY AT CALUMS:

Master of Business Administration (M.B.A.) ☐ Master of Science in Computer Information Systems (M.S.C.I.S.)

PLEASE MARK ALL APPLICABLE:

☐ BLACK, NON-HISPANIC ☐ HISPANIC ☐ WHITE, NON-HISPANIC
☐ ASIAN / PACIFIC ISLANDER ☐ AMERICAN INDIAN / ALASKAN NATIVE ☐ RACE / ETHNICITY UNKNOWN

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIPT NO. _____

APPLICATION FEE ☐ \$100 ☐ \$20 for Re-issue I-20 (Deferred)

I-20 ISSUED ON _____ SEVIS # _____

CALUMS STUDENT I.D. # _____

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A1 (cont.)

APPLICATION FORM**III. EDUCATIONAL INFORMATION**

NAME AND LOCATION OF HIGH SCHOOL, COLLEGE(S), OTHER SCHOOLS ATTENDED	YEAR FROM/TO	MAJOR	DEGREE

IV. PLEASE TELL US ABOUT YOUR DECISION IN CHOOSING CALUMS. (REQUIRED)**V. WHY DID YOU CHOOSE YOUR PROGRAM OF INTEREST? (REQUIRED)****VI. HOW DID YOU HEAR ABOUT US? PLEASE SPECIFY.**

NEWSPAPER/MAGAZINE

WEBSITE

TELEVISION/RADIO

COLLEGE CAREER AND TRANSFER DAY EVENTS

REFERRAL (Name:)

) OTHER (

)

I hereby certify that all the information provided in this application is true and corrected to the best of my knowledge. If my application is accepted, I agree to pay the tuition charges and fees. I also agree to abide by all rules and regulations of CALUMS.

SIGNATURE OF APPLICANT_____
DATE**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.

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I-20 REQUEST FORM FOR INTERNATIONAL STUDENTSPlease type or print clearly in **BLACK INK**. Please print legibly.**STUDENT NAME***Last**First**Middle***DATE OF BIRTH***Month / Day / Year***GENDER** ☐ MALE ☐ FEMALE ☐ OTHER**COUNTRY/ TERRITORY OF BIRTH****E-MAIL****FOREIGN ADDRESS***Building No:**Apt No:**Street:**City:**State/Province:**Zip Code:**Country/Territory:***U.S. ADDRESS
(If Applicable)***Building No:**Apt No:**Street:**City:**State:**Zip Code:***TRANSFER FROM
(If Applicable)***Name of school:**Address**Phone:**Fax:**Name of DSO:***EDUCATION LEVEL DESIRED AT CALUMS:**☐ Master of Science in Computer Information Systems (M.S.C.I.S.) ☐ Master of Business Administration (M.B.A.)**APPLYING FOR THE TERM BEGINNING:**☐ WINTER 20__☐ SPRING 20__☐ SUMMER 20__☐ FALL 20__**FINANCIAL INFORMATION**

STUDENT'S PERSONAL FUNDS

☐ FAMILY FUNDS FROM ABROAD☐ SPONSOR IN U.S.A.**DEPENDENTS FOR F-2 VISA**

LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	RELATIONSHIP	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP

☐ Please mail my I-20 form by express mail. (Additional \$50 – \$100 required)☐ CHANGE-OF-STATUS required: Current visa _____ Exp. Date: _____ (Please attach a copy)

NOTE: Your I-20 Form cannot be processed until all documents are completed and an acceptance letter is issued by the Director of Admissions.
Please note that it takes at least three (3) working days to process I-20 documents.

FOR OFFICE USE ONLY

I-20 ISSUED ON _____

I-20 MAILED 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 USD**
 - **Master'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
<ul style="list-style-type: none">• Bank statement• Bank letter• Organizational sponsor (govt., corporate, etc.)• Loans• Investment portfolio	<ul style="list-style-type: none">• Tax returns• Tax documents in general• Mortgages• Employment or salary statements• Property valuations (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
 - Financial Sponsor must be applicant's family member.
 - Affidavit of Financial Responsibility/Support form must be submitted with both the applicant's and the sponsor's signatures.

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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.

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AFFIDAVIT OF FINANCIAL RESPONSIBILITY/SUPPORT – Master's Programs**◆ TO BE COMPLETED BY THE APPLICANT**APPLICANT'S NAME _____
*Last First Middle*DATE OF BIRTH _____ PHONE NUMBER _____
Month / Day / Year

ADDRESS _____

E-MAIL _____

Please complete the following if your dependent/s will be living with you while you are attending the University.

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	COUNTRY OF BIRTH

Support must be available yearly in the amount of \$4,500 (U.S.) for each dependent listed above.

◆ TO BE COMPLETED BY THE SPONSOR (If other than the applicant)

This form must be accompanied with a certificate of deposit (drawn under the name of the applicant), current bank statement/bank letter (must have the fund's currency denoted and be dated within 90 days of issuing). The document must indicate the total fund available to cover the annual educational expenses (Academic Year - 9 months) of the applicant.

SPONSOR'S NAME _____

ADDRESS _____

PHONE NUMBER _____ E-MAIL _____

SPONSOR'S RELATIONSHIP TO APPLICANT _____

How many people are you supporting in addition to this applicant (including your own family members)? _____

◆ CERTIFICATION OF RESPONSIBILITY

This is to certify that I (Applicant) or I/We (Sponsor) assume financial responsibility, up to \$25,000* (U.S.) per academic year as needed for the educational-related expenses and support of the above-named self/applicant during the course of my/his/her attendance at the California University of Management and Sciences. I (Applicant) or I/We (Sponsor) understand that each quarter the full tuition and fees must be paid at time of registration. In addition, I (Applicant) or I/We (Sponsor) assume financial responsibility, in the amount of \$4,500 (U.S.) for each of my/the Applicant's dependent(s) if indicated above that spouse and/or children will be living with the Applicant.

NAME OF SPONSOR _____ NAME OF APPLICANT _____

SPONSOR'S SIGNATURE _____ APPLICANT'S SIGNATURE _____

DATE SIGNED _____ DATE SIGNED _____

*\$25,000 indicates the annual cost for Master degree programs (tuition, textbooks, room/board, transportation and personal expenses). At CALUMS one academic year is 9 months. Prices are subject to change without notice.

Mail this form to: Office of Admissions**California University of Management and Sciences****1126 North Brookhurst Street, Suite 200****Anaheim, CA 92801 USA**

REV. Feb. 2021

**CALUMS**

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SEVIS TRANSFER ELIGIBILITY FORM for F-1 Students Transferring into CALUMS**TRANSFER PROCEDURES:**

1. Student completes SECTION 1 of this form.
2. Student contacts the International Student Advisor/DSO at the student's current school and determines an appropriate SEVIS Release Date for the student's transfer to CALUMS.
3. The International Student Advisor/DSO at the student's current school completes SECTION 2 of this form and faxes (714-533-7778) or emails (isa@calums.edu) the complete form to the CALUMS International Student Advisor (ISA).

Please note that the student will receive the acceptance letter from CALUMS only after CALUMS has received all requirements including this completed document. DO NOT transfer-out the SEVIS record of the student until the student or the current school receives the acceptance letter from CALUMS.

SECTION 1 - TO BE COMPLETED BY THE STUDENT

STUDENT NAME: _____
Last First Middle

SEVIS ID #: _____ DATE OF BIRTH: _____
(MM/DD/YYYY)

Term of Admission at CALUMS: ☐ WINTER ☐ SPRING ☐ SUMMER ☐ FALL YEAR: _____

I authorize my current school to provide the information requested below and complete the requested transfer to CALUMS.

STUDENT SIGNATURE: _____ DATE SIGNED: _____

SECTION 2 - TO BE COMPLETED BY CURRENT SCHOOL OFFICIAL (DSO)

1. Is this student currently in valid F-1 status? ☐ YES. ☐ NO.
2. Is/was this student enrolled full-time and is eligible for transfer? ☐ YES. ☐ NO.
3. Has this student been authorized for Practical Training? ☐ YES. ☐ CPT (Start Date: _____ End Date: _____)
☐ OPT (Start Date: _____ End Date: _____)
☐ NO.
4. The student's last date of enrollment (or OPT) at your school: _____
5. SEVIS Release Date: _____

Transfer the student's SEVIS records to **California University of Management & Sciences** (School Code: **LOS214F18380000**).

Name of Your School: _____

Address of Your School: _____

Phone Number of Your School: _____ Email Address of DSO: _____

Name and Title of DSO: _____

Signature of DSO: _____ **Date Signed:** _____