



CSUCI GRADUATE PROGRAM INTERNATIONAL CHECKLIST

You may submit the application first and the supporting documents as they become available. Please submit all application materials to the Center for International Affairs Office address listed below.

CHECKLIST – your complete application should include the following:

- **CSUCI** Graduate Admissions application http://www.csumentor.edu/Support/pdfs/grad_10-11.pdf
- \$55.00 non-refundable application fee can be paid by check or money order only. Make payable to **CSU CHANNEL ISLANDS**.
- Official or attested copy of **TRANSCRIPTS** or the **DETAILED** professional evaluation issued by a transcript evaluation company. You may use International Education Research Foundation at www.ierf.org or World Education Services at www.wes.org for this purpose. Please have them send the evaluation directly to the Center for International Affairs address below.
- **OFFICIAL** transcripts from all United States domestic universities (if applicable).
- **OFFICIAL TOEFL, PTE or IELTS** score (waived if native language of the country is English) (notarized copies of TOEFL/IELTS scores will **NOT** be accepted.)
- Two letters of recommendation (professional or educational. You may use the Recommendation Letter Form enclosed in this packet or provide letters. Dual degree program applicants should submit one letter reflecting business acumen and one reflecting technical abilities.)
- Résumé or Curriculum Vitae (For MBA and Dual degree, 2 year of work experience is required.)
- Copy of autobiography page (picture page) of current valid passport
- Financial Affidavit Form (enclosed in this packet)
- Proof of financial resources (bank statements, pay stubs, letters of support, etc)
- **OFFICIAL** test scores – see below for program specific tests required. For Master’s Degree Programs in Computer Science and Mathematics, the 3.0 GPA requirements refer to the last 60 units of coursework completed. (Notarized copies of test scores will NOT be accepted.)
- Statement of Purpose

APPLICATION NOTES:

PROGRAMS	PROGRAM CODES	REQUIREMENTS
MS BIO	04991	<ul style="list-style-type: none"> ● GRE General ● TOEFL, PTE or IELTS
MBA	05011	<ul style="list-style-type: none"> ● GMAT (Institution Code: ZMG – GJ - 04) ● 2 years of Work Experience ● TOEFL, PTE or IELTS
MS COMP	07992	<ul style="list-style-type: none"> ● GRE if GPA is below 3.0 (minimum 575 in all sections) ● TOEFL PTE or IELTS
MS MATH	17011	<ul style="list-style-type: none"> ● GRE if GPA is below 3.0 (minimum 575 in all sections) ● TOEFL PTE or IELTS
MS Bio & MBA DUAL	00000	<ul style="list-style-type: none"> ● GMAT or GRE ● 2 years of Work Experience ● TOEFL PTE or IELTS

*CSUCI Institution/Program Codes (TOEFL 0236, GRE 4091, GMAT ZMG – GJ – 04)

Please submit all application documents to the Center for International Affairs Office at the address listed below:

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
 Center for International Affairs
 Rm. 2119 Sage Hall
 One University Dr.
 Camarillo, CA 93012-8599
 USA
 E-Mail- international@csuci.edu
 Web: www.csuci.edu/exed/international.htm



RECOMMENDATION LETTER FOR CSUCI GRADUATE PROGRAM APPLICANT

Applicant's Name: _____
Semester Applying For: _____

TO THE APPLICANT: Please provide information above. Mail a return envelope and this form to the individuals you have asked to provide a recommendation as a part of your application. Once the recommendation forms have been returned to you, submit these documents to CSUCI. Read the statement below and if you choose, sign it where indicated.

The Family Education Right Privacy Act of 1974 entitles CSUCI graduate students to have access to letters of evaluation in their permanent record files at CSUCI. The applicant may have waive the right of access to letters of evaluation, in which case letters of evaluation will be considered confidential by CSUCI and will not be available to the student. If you wish to waive your right of access to this letter of evaluation, please so indicate by signing your name on the line below the following statement.

I, the undersigned, hereby waive all rights or privileges provided by Public Law 930380 to inspect or challenge the content and comments appearing in this letter of recommendation. I agree that observations made in this letter of recommendation should be confidential between the writer and the various agencies to whom my confidential file may be addressed.

Applicant's Signature

Date

TO THE RECOMMENDER: The CSUCI Graduate Program Admissions Committee finds recommendations which present a balanced view of an applicant's ability and attributes most helpful. Specific comments about significant attributes are more useful than general statements. Please be as candid as possible. Note that by law applicants may have access to all academic records. If the applicant has signed the statement above, your comments will be held completely confidential.

These questions are included only as guidelines. If you prefer to address the question of the applicant's overall fitness for graduate education in some other manner, please feel free to do so. If you use additional sheets of paper, please staple them to the back of this form. Please return this form in the envelope addressed to the applicant. Please seal the envelope and write your signature across the seal on the flap.

Recommender's Name _____

Telephone: _____

Position/Title: _____

Company/Organization: _____

Address: _____

Number & Street

City, State, & Zip Code and Country

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ years _____ months

UNDER WHAT CIRCUMSTANCES DID YOU KNOW THE APPLICANT?

PLEASE COMMENT ON THE APPLICANT'S ACADEMIC PREPARATION AND ABILITIES (BOTH POSITIVE AND NEGATIVE).

PLEASE COMMENT ON THE APPLICANT'S DEMONSTRATED AND/OR POTENTIAL ABILITIES IN THE FIELD FOR WHICH THEY ARE APPLYING.

HOW WOULD YOU RATE THIS APPLICANT WITH RESPECT TO THE FOLLOWING QUALITIES?

Quality	Exceptional Top 2%	Outstanding Top 10%	Very good Top 20%	Good Top 1/3	Average Middle 1/3	Below Average 1/3	Inadequate Opportunity to Observe
Intellectual Ability							
Maturity							
Leadership potential							
Ability to get along with others							
Written skills							
Oral Skills							
Creativity/ Imagination							
Self-Confidence							

- I strongly recommend that this applicant be admitted to the CSUCI Graduate Program.
- I recommend that this applicant be admitted to the CSUCI Graduate Program.
- I recommend with some reservation that this applicant be admitted to the CSUCI Graduate Program.
- I do not recommend that this applicant be admitted to the CSUCI Graduate Program.

Recommender's Signature

Date

Since your evaluation will become part of the applicant's formal application, your prompt response in returning this form is essential to a timely decision. Please return the completed form in the self addressed envelope provided by the student. Thank you for your cooperation.

Please submit to:

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Position/Title: _____

Company/Organization: _____

Address: _____

Number & Street

City, State, & Zip Code and Country

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ years _____ months

UNDER WHAT CIRCUMSTANCES DID YOU KNOW THE APPLICANT?

PLEASE COMMENT ON THE APPLICANT'S ACADEMIC PREPARATION AND ABILITIES (BOTH POSITIVE AND NEGATIVE).

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- I do not recommend that this applicant be admitted to the CSUCI Graduate Program.

Recommender's Signature

Date

Since your evaluation will become part of the applicant's formal application, your prompt response in returning this form is essential to a timely decision. Please return the completed form in the self addressed envelope provided by the student. Thank you for your cooperation.

Please submit to:

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AFFIDAVIT OF FINANCIAL SUPPORT

All F-1 students are required to provide documentation of financial support before a form I-20 can be issued.

If the student will use his/her own personal funds as the source of financial support, the student **MUST PROVIDE AN OFFICIAL BANK STATEMENT** showing the availability of at least **\$21,020 to \$33,350 (see page 2 for program specific estimates)** in liquid assets. If the student will be supported by a private sponsor (family member, friend, or private institution), the sponsor must sign the Statement of Financial Obligation below. In addition, sponsors **MUST PROVIDE THEIR OFFICIAL BANK STATEMENT** showing the availability of at least **\$21,020 to \$33,350 (see page 2 for program specific estimates)** in liquid assets. Bank statements and financial affidavits cannot be older than 6 months.

If the student will be sponsored by a public agency (embassy, home government, public institution, religious organization, etc.), the agency must provide official certification that the costs will be covered. Sponsorship statements cannot be older than 6 months.

Statement of Financial Obligation

Students requiring a form I-20 must complete this Statement of Financial Obligation and supply all appropriate documentation of financial support. If the student will be supported by funds other than his/her personal funds, the sponsor must sign below. If more than one sponsor will provide financial support, each sponsor must provide a separate letter declaring intent to sponsor. In addition, each sponsor must provide an official bank statement showing the availability of the necessary funds (please see Estimated Student Expenses above).

Sponsor's name (Print) _____ Relationship to student _____

Sponsor's signature _____ Date _____

Student's name (Print) _____

Student's signature _____ Date _____

By signing above, the student and sponsor, if applicable, certify that sufficient financial resources will be available to cover all expenses (please see Estimated Student Expenses above) for the duration of studies at CSU, Channel Islands. Further, by signing above, the student agrees to obtain and maintain adequate health insurance throughout the duration of studies.

If a spouse and/or children will be included on the I-20, please provide the following information (If necessary, use an extra sheet of paper).

Spouse _____ Date of Birth _____
(Family or Surname), (Given Name)

City, Country of Birth _____ Country of Citizenship _____ Gender: Female ___ Male ___
Child _____ Date of Birth _____
(Family or Surname), (Given Name)

City, Country of Birth _____ Country of Citizenship _____ Gender: Female ___ Male ___

All applicants holding or requiring F-1 student immigration status are required to complete the following before a form I-20 will be issued. In addition, appropriate documentation of financial support (see Page 1 of this form) will be required prior to issuance of I-20.

U.S. Social Security Number or CSUCI Student Number (if available) _____

Name as it appears on Passport _____
(Family Name or Surname), (First Name or Given Name)

Date of Birth (Month Day, Year) _____ Gender: Female ___ or Male ___

City of BIRTH _____ Country of BIRTH _____
Country of CITIZENSHIP _____

If you are currently in the United States, what type of visa do you hold (F1, F2, B1, B2, H1B, H4, etc.)? _____

Program Cost Estimates

Enrollment and Student Fees	
Description	Cost
MBA Enrollment Fees (6 credits per quarter / four quarter cohort model)	\$13,200 (\$550 per credit)
MS Biotechnology Enrollment Fees (6 credits per quarter/four quarter model)	\$19,080 (\$795 per credit)
MS Computer Science Enrollment Fees (8 credits per semester)	\$8,550 (\$475 per credit)
MS Mathematics Enrollment Fees (9 credits per semester)	\$8,550 (\$475 per credit)

Estimated Living Expenses	
Room and board	\$8,800
Books	\$1,240
Transportation	\$1,000
Health Insurance	\$830
Personal	\$2,400
Total Estimated Living Expenses	\$14,270

Totals for Financial Statement	
Dual Degree (MS Biotechnology and MBA)	\$33,350
Masters of Business Administration	\$27,470
MS Biotechnology & Bioinformatics	\$33,350
MS Computer Science	\$22,820
MS Mathematics	\$22,820

Family Members. Students who will be accompanied by a spouse and/or children will need to submit additional documentation of financial support (\$4000 for spouse and \$3000 for each child).

Will you be transferring to CSUCI from another school in the US? ____ YES ____ NO

If you answered YES, please have your international Advisor provide the following information:

Name of School _____

Has this student maintained a valid F-1 student status? Yes No

Name and title of DSO: _____

Signature: _____ Date: _____

School Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Please complete **both pages** of this form and mail or fax it to the address below. Your form I-20 cannot be issued until we have received this completed form, all required documentation of financial support, and if you are transferring from a school in the US that school must first enter your transfer data in SEVIS.

Please submit to:

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