

# UCLA EXTENSION 2009

## American Language Center (ALC)

UCLA Registration Center  
 P[ &@&@ |^München^  
 Am Stadtpark 20  
 81243 München

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 info@sommerstudium.de

**Fachhochschule München Germany**  
**Munich University of Applied Sciences**  
 Representative Name: TWT

### 1) STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Is this your first time studying at the ALC or UCLA?  YES  NO

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

USW YOUR FULL LEGAL NAME, EXACTLY AS IT IS PRINT ON YOUR PASSPORT

COUNTRY OF BIRTH: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

SEX: MALE:  FEMALE:  BIRTH DATE:        
MONTH DAY YEAR

MAILING ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE NUMBER (INCLUDE COUNTRY CODE & CITY CODE) \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

#### Emergency Contact Information (in U.S. or in home country)

CONTACT PERSON'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

2nd SECOND CONTACT PERSON'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

WILL YOU NEED SPECIAL SERVICES TO ACCOMMODATE A PHYSICAL, PERSEPTUAL; OR LEARNING DISABILITY?  YES  NO  
 If yes, pleas explain: \_\_\_\_\_

### 2) PROGRAM SELECTION (required for all students)

PLEASE CHECK BOX FOR THE SESSION DESIRED:

#### Academic Intensive English Program (AIEP)

Quater:  Fall  Winter  Spring

Summer Session only:  A  B  C

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ \$

#### Intensive English Communication Program (IECP)

Quater:  Fall  Winter  Spring  Summer

Session :  A  B  C

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ \$

**IECP – Special Multi-Program Discount:** When paying in advance and in full for three or more consecutive programs, the program fee is \$ 1,142 for each 4-week program and \$ 875 for the 3-week progra. If students do not complete three or more programs, refunds will be based on the regular, non-discounted program fees.

For Representatives / Agencies Only:  
 Representative Name: TWT / Fachhochschule Muenchen

Application Fee  Course Fee  On-Campus Housing  Method of Payment: TRANSFER

### 3) PAYMENT OPTIONS

BY TRANSFER

UCLA SUMMER SCHOOL, DR. K. BALIK  
KTO.-NR.: 07 925 748 00/400  
BLZ: 700 800 00 DRESDNER BANK

BY CREDIT CARD

AMERICAN EXPRESS

MASTER CARD

VISA

CARD EXPIRATION DATE

CARD NUMBER

CARDHOLDER

CARDHOLDER SIGNATURE

### 4) Financial Certification for I-20 application

#### Calculation of Financial Support

You and/or your sponsor must provide for your educational and living expenses for the duration of your education program. In addition, educational and/or living expenses must be provided for your husband, wife, and/or children who will accompany you. You may use the following table to calculate your educational and living expenses.

Will a husband, wife, and/or children accompany you?

YES  NO

If yes, please list:

NAME:

Country of Birth:

Date of Birth:

Relationship:

#### A.) Verification of Bank Funds (must be in English)

This is to certify that the applicant or sponsor listed at right is financially capable of meeting the commitment of U.S. \$ \_\_\_\_\_ which includes funds for husband, wife, and/or children. If the funds are outside the United States, the applicant is permitted to use them under his/her government's present regulations

Name of Bank Official

Titel of Bank Official

Bank Official's Signature

Date (within the last 90 days)

Bank Stamp or Seal  
(This is not  
a guarantee of funds.)

#### B.) Sponsor Statement (must be in English)

I have read the information regarding the cost of the program and living expenses for the period of study at UCLA Extension-American Language Center. I certify that these funds are available for the student and any family members. I accept full responsibility for these expenses and have included fund verification from my bank.

Guaranteed Amount : \$ \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Signature / Date: \_\_\_\_\_

#### COMPUTE FEES

COURSE FEES: \$ [ ] [ ] [ ] [ ] , [ ] [ ]

HOUSING FEES: \$ [ ] [ ] [ ] [ ] , [ ] [ ]

Application Fee \$ [ ] [ ] [ 1 ] [ 5 ] [ 0 ] , [ 0 ] [ 0 ]

**TOTAL FEES** \$ [ ] [ ] [ ] [ ] , [ ] [ ]

### 5) STUDENT SIGNATURE

I certify that the information contained in this form is correct to the best of my knowledge.

STUDENT'S SIGNATURE

PRINT NAME HERE

DATE