



ALI Student Application

*Required Field

Sign Up

First Name* _____

Last Name* _____

Email Address* _____

New Application

Program _____ Semester at SDSU _____

Term ☐ 2024 Spring

Student Information

Please type your name exactly as it is in your passport.

Family Name* _____

First Name* _____

Middle Name(s) _____

Date of Birth* (MM/DD/YYYY) _____

Sex* ☐ Male ☐ Female ☐ Unknown

City of Birth _____

Country of Birth* _____

Country of Citizenship* _____

Permanent Address

Permanent Address* _____

Permanent City* _____

Permanent State/Province _____

Permanent Country* _____

Permanent Postal Code _____

Permanent Phone Number* _____

Referral Source

Are you applying with the help of an agency?* ☒ Yes

Agency Name* _____College Contact GmbH_____

Contact Person* _____Josephine Fontaine / Elias Merkel _____

Agent Email* _____beratung@college-contact.com_____

Are you currently attending a college/university? ☐ Yes ☐ No

Current College/University Name

Program Information

Are you interested in a certificate?* ☐ Yes ☐ No

Please select one of the Certificate Program below

Select	Program
<input type="checkbox"/>	Semester at SDSU – Business Certificate
<input type="checkbox"/>	Semester at SDSU – Business Engineering Certificate
<input type="checkbox"/>	Semester at SDSU – Certificate in International Media
<input type="checkbox"/>	Semester at SDSU – Environmental Studies Certificate
<input type="checkbox"/>	Semester at SDSU – Entertainment Management Certificate
<input type="checkbox"/>	Semester at SDSU – Homeland Security Certificate
<input type="checkbox"/>	Semester at SDSU – Hospitality, Tourism, and Recreation Management (HTM) Certificate
<input type="checkbox"/>	Semester at SDSU – Sustainable Tourism Management Certificate

Do you plan to study for one academic year (excluding summer session)?

☐ Yes ☐ No

Visa Information

Will you require a SEVIS Form I-20 to apply for an F-1 student visa?*

- ☐ Yes, I want to apply for an I-20
☐ No, I do not want to apply for an I-20

If you chose "Yes, I want to apply for an I-20," please complete the following section:

Source of Funds*

- ☐ Self ☐ Family
☐ Other: _____

Transfer Information

Are you transferring from another school in the USA? ☐ Yes

☐ No

Application Fee Payment (\$175)

Method of Payment:

☒ Credit/Bank Card

Credit/Bank Card

Cardholder's Name: _____

Credit Card Billing Address: _____

Credit Card Number: _____

CVV2: _____

Credit Card Type:

- ☐ Visa
- ☐ Mastercard
- ☐ American Express
- ☐ DISCOVER

Expiration Date (MM/YYYY): _____

Cardholder's email address: _____

Cardholder's Signature: _____

Confirmation

I certify that I have read all the information regarding enrollment and I-20 processing and the information I am providing in the application is true to the best of my knowledge.*

☐ Yes

Do you need special services to accommodate a physical, visual or learning disability?

☐ Yes ☐ No

I agree to give Global Campus permission to release Directory Information (student name, major field of study, dates of attendance, degrees, honors and awards received) to interested parties.

☐ Yes ☐ No

☐ I certify that all the information I am providing in the application is true to the best of my knowledge. I verify all is true and correct.

☐ I hereby permit College Contact to submit the information which I have provided on this form to the ALI at SDSU via an electronic online application form created and maintained by the ALI.

Student Signature

Date