CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

Global Education Institute College of the Extended University

APPLICATION FORM

Program:Student Innovation & Entrepreneurship Program (SIED)Term:Winter 2018Application Due:December 15, 2017

1 PERSONAL INFORMATION

Please type or clearly print your name exactly as it appears on your passport. Submit <u>a copy of your</u> passport information page.

Last Name (family name):_____

First Name (given name):_____

Gender: \Box Male \Box Female

Country of Birth: _____

Country of Citizenship:

Native Language: _____

Name of College/University:

Year: $\Box 1^{st} \Box 2^{nd} \Box 3^{rd} \Box 4^{th} \Box$ Graduate

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Phone number: _____

Cell phone: _____

Email:

Social media that you use most often (WeChat,

WhatsApp, Line, etc):

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Mailing Address:

Name: _____

Street Address: _____

City: _____State/Province: _____

Zip code: _____ Country: _____

Phone: _____

Home Address (leave blank if same with mailing

address):

Street Address: _____

City: _____State/Province: _____

Zip code: _____ Country: _____

Permanent telephone: _____

3 FINANCIAL INFORMATION

For visa interview purposes, we recommend that you prepare a copy of bank-certified financial statement on official bank letterhead to prove that you have sufficient funds to cover tuition and living expenses during the period of study in the program. All funds must be state in U.S. dollars, and the statement must be dated within six months of the date when the applications is received.

Source of Financial Support (minimum \$6000):

 \Box Parent/family member \Box Friend \Box Self \Box Other

Contact Information of Financial Sponsor:

Name: _____

Street Address: _____

City: _____State/Province: _____

Zip code: _____ Country: _____

Phone: _____

Declaration of Financial Sponsorship:

I certify that I will assume full financial responsibility (including educational and living expenses) for the applicant while he/ she is enrolled in the Student Innovation & CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA



Global Education Institute College of the Extended University

Entrepreneurship Program at California State Polytechnic University, Pomona.

Signature: _____ Date: _____

Relationship to Student: _____

(example: mother/uncle/friend/etc.)

4 PAYMENT PROCEDURE

Your program fee payment of \$2,980 is due by January 18, 2018. You can choose any payment type below:

- Online transfer (Flywire): https://www.flywire.com/pay/ceu
- Cashier's check or money order payable to Cal Poly Pomona Foundation, Inc.
- Wire Transfer (a \$30 transaction fee will apply)

5 SIGNATURE

I certify that the information on this entire form is correct to the best of my knowledge. I agree to pay the required program fee.

Student's Signature: _____

Date: _____

6 SUBMISSION INFORMATION

Please submit the completed <u>Application Form</u> and a <u>copy of your passport information page</u> by email to:

Vivienne Shen, Ed.D. Program Developer/Manager Global Education Institute College of the Extended University California State Polytechnic University, Pomona Phone: +1 (909) 869-2256 Fax: +1 (909) 869-5077 Email: xshen@cpp.edu

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