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

CHECKLIST – your complete application should include the following:

- CSUCI International Admissions application [http://www.csumentor.edu](http://www.csumentor.edu)
- $55.00 non-refundable application fee can be paid online when submitting an application.
- Official TRANSCRIPTS (also known as mark sheets) from all colleges/universities attended outside of the USA, including certificates, degrees or diplomas in original language of issue. Transcripts are only official if they are sealed and stamped in the envelope by the college/university. If the institution does not issue transcripts in English, the original transcripts must be accompanied by an official English translation.
- OFFICIAL transcripts from all colleges/universities in the United States (if applicable).
- OFFICIAL TOEFL or IELTS score (waived if you earned a bachelor’s degree from an accredited institution where the native language is English, for details contact International Programs) (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 years of work experience is required.)
- Copy of biographical page (picture page) of current valid passport
- Financial Affidavit Form (enclosed in this packet)
- Proof of financial resources (bank statements, letters of support, etc.)
- OFFICIAL test scores – see below for program specific tests required. For Master’s Degree Program in 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 (for MBA, include two essays instead of the Statement of Purpose, please note that MBA also has an interview for eligible applicants).

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

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>PROGRAM CODES</th>
<th>REQUIREMENTS</th>
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<td>MS BI0</td>
<td>04991</td>
<td>• GRE General</td>
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<tr>
<td></td>
<td></td>
<td>• TOEFL (80 IBT), IELTS (6.5)</td>
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<tr>
<td>MBA</td>
<td>05011</td>
<td>• GMAT</td>
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<td></td>
<td></td>
<td>• 2 years of Work Experience</td>
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<td></td>
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<td>• TOEFL (80 IBT), IELTS (6.5)</td>
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<tr>
<td>MS MATH</td>
<td>17011</td>
<td>• GRE if GPA is below 3.0</td>
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<td>• TOEFL (80 IBT), IELTS (6.5)</td>
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<tr>
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<td>• GMAT or GRE</td>
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<td></td>
<td>• TOEFL (80 IBT), IELTS (6.5)</td>
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<tr>
<td>MS COMPUTER SCIENCE</td>
<td>07992</td>
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<tr>
<td></td>
<td></td>
<td>• TOEFL (80 IBT), IELTS (6.5)</td>
</tr>
</tbody>
</table>

Please submit all application documents to:

CSU Channel Islands
International Programs
Rm. 2061 Sage Hall
One University Dr.
Camarillo, CA 93012-8599
USA
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: ___________________________________________________

City, State, & Zip Code and Country

Please submit to:
CSUCI International Programs
2061 Sage Hall
One University Dr.
Camarillo, CA 93012-8599
USA
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?

<table>
<thead>
<tr>
<th>Quality</th>
<th>Exceptional Top 2%</th>
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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:
CSUCI International Programs
2061 Sage Hall
One University Dr.
Camarillo, CA 93012-8599
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Recommendation Letter for CSUCI Graduate Program Applicant

Applicant’s Name: ________________________________  Semester Applying For: ___________________________

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Address:       ______________________________________
                Number & Street
                __________________________________________
                City, State, & Zip Code and Country

Please submit to:  
CSUCI International Programs  
2061 Sage Hall  
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Please submit to:
CSUCI International Programs
2061 Sage Hall
One University Dr.
Camarillo, CA 93012-8599
USA
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 $22,820 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 $22,820 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 ______________________________

City, Country of Birth ______________________________ Gender: Female ___ Male ___

Date of Birth ______________________________

Family or Surname), (Given Name) ______________________________

Country of Birth ______________________________

Country of Citizenship ______________________________

Gender: Female ___ Male ___

Child ______________________________

City, Country of Birth ______________________________

Date of Birth ______________________________

Family or Surname), (Given Name) ______________________________

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 ___ 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>MBA Enrollment Fees</td>
<td>$13,200 ($550 per credit)</td>
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<td>(6 credits per quarter / four quarter cohort model)</td>
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<tr>
<td>MS Biotechnology Enrollment Fees</td>
<td>$19,080 ($795 per credit)</td>
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<tr>
<td>(6 credits per quarter / four quarter model)</td>
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<tr>
<td>MS Mathematics Enrollment Fees</td>
<td>$7,600 ($475 per credit)</td>
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<td>(8 credits per semester)</td>
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<tr>
<td>MS Computer Science</td>
<td>$7,600 ($475 per credit)</td>
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<tr>
<td>(8 credits per semester)</td>
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Estimated Living Expenses

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<th>Description</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Room and board</td>
<td>$8,800</td>
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<tr>
<td>Books</td>
<td>$1,240</td>
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<tr>
<td>Transportation</td>
<td>$1,000</td>
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<td>Health Insurance</td>
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<td>Personal</td>
<td>$2,400</td>
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<td><strong>Total Estimated Living Expenses</strong></td>
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Totals for Financial Statement

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Dual Degree (MS Biotechnology and MBA)</td>
<td>$33,350</td>
</tr>
<tr>
<td>Masters of Business Administration</td>
<td>$27,470</td>
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<tr>
<td>MS Biotechnology &amp; Bioinformatics</td>
<td>$33,350</td>
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<tr>
<td>MS Mathematics</td>
<td>$22,820</td>
</tr>
<tr>
<td>MS Computer Science</td>
<td>$22,820</td>
</tr>
</tbody>
</table>

**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:
CSU Channel Islands
International Programs
2061 Sage Hall
One University Dr.
Camarillo, CA 93012-8599
USA