

1240 S. State College Blvd., Suite 101, Anaheim, CA 92806 T: 714-477-8755, F: 714- 619-9855

Website: www.cal-usa.com, E-mail: info@cal-usa.com

AD101

# ADMISSIONS CHECKLIST (International Students)

START DATES & APPLICATION DEADLINES				
QUARTER	Winter	Spring	Summer	Fall
START DATE	January 4	April 5	July 5	October 4
APPLICATION DEADLINE	November 1	February 1	May 1	August 1

ADMISSIONS CHECKLIST

☐ Admissions Checklist Form AD101 (undergraduate) ☐ Admissions Checklist Form AD102 (graduate)
CALUSA FORM: APPLICATION (all international applicants)
□ Application Form (Form AD110)
CALUSA FORM: TRANSFER ELIGIBILITY FORM (transfer students within the US only)
☐ Transfer Eligibility Form (Form Al120)
DIPLOMA (scanned copies)
☐ High School Diploma or attestation statement and documentation evidencing completion
of high school education (undergraduate)
□ Bachelor's degree (graduate)
OFFICIAL TRANSCRIPT
☐ Submit official transcript(s) — All graduate program applicants must submit official transcript(s)
from previously attended institution(s) (i.e. Universities, colleges)
<ul> <li><u>Physical transcripts</u>: Academic records must be sealed in school envelope and stamped</li> </ul>
with school stamp by the registrar. Issuing institute can mail directly to Calusa Institute or
the student/ parent so long as the envelope and seal is not broken to:
Calusa Institute
1240 S. State College Blvd., Suite 101
Anaheim, CA 92806
• <i>Electronic transcripts</i> : Digital transcripts must be released directly by the Office of the
Registrar of the issuing university to <a href="mailto:info@cal-usa.com">info@cal-usa.com</a>
FOREIGN TRANSCRIPT EVALUATION
□ Official transcript(s) from foreign countries must be evaluated by a NACES member evaluator to
determine the equivalency of the degree/ program to a US program.
• Student may visit NACES here: https://www.naces.org/ to select an evaluator
or visit
<ul> <li>SPANTRAN: <a href="https://spantran.com/web/">https://spantran.com/web/</a> and assign Calusa Institute as your institution</li> </ul>
ENGLISH PROFICIENCY (must have at least one of below)
Undergraduate program
□ TOEFL iBT 45
☐ Calusa Institute English Proficiency Examination 70% (admissions will assign the test)
Graduate program
□ TOEFL iBT 61



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	☐ Calusa Institute English Proficiency Examination 80% (admissions will assign the test)				
	The following will be exempted from this requirement (undergraduate and graduate).				
	Applicants who:				
	<ol> <li>Have completed at least four (4) years high school education in the United States</li> </ol>				
	. , , , , ,				
	2. Have completed at least two (2) years of higher education in the United States				
	3. Have completed their high school or higher education from a country where English				
	is the main language of instruction as determined and approved by the Director of				
	Admissions.				
	PREREQUISITE COURSES (MSCIS program only, All courses are 4 credit units)				
	□ CINF201- Data Structures & Algorithm □ CINF211- Information Systems & Application				
	□ CINF221- Managing Electronic Commerce □ LINF331- Database Management				
	TRANSFER CREDIT				
	Undergraduate Program Graduate Program				
	□ TRANSFER REQUEST FORM (AC510)				
	Refer to Transfer Credit Policy in the School Catalog for more information. All students are required to submit a				
	request to the Chief Academic Officer who will review and the Registrar will record as TC once approved.				
	request to the ellier readering ellier will thin review and the Registral will record as the ellier approved.				
	Max. transferable undergraduate credits: 90 credits  Max. transferable graduate credits: 16 credits				
	RECOMMENDATION LETTER (graduate program only)				
	Recommendation letter issued from an active member of the academe and/or business professional with				
	credentials.				
	☐ Dated and signed by the instructors or employers/ supervisors printed on school or company's				
	letterhead.				
	CALUSA FORM: I-20 REQUEST FORM				
	□ I-20 Request Form (Form Al110)				
	PROOF OF IDENTIFICATION				
	☐ Passport- all applicants are required to submit a copy of their passport.				
	<ul> <li>Passport must be valid for at least 6 months after the application is submitted.</li> </ul>				
	☐ To add F-2 dependent(s), provide the following:				
	<ul> <li>Proof of family relationships; marriage certificate, birth certificate</li> </ul>				
	<ul> <li>Dependent's copy of passport</li> </ul>				
	CALUSA FORM: PROOF OF FINANCIAL SUPPORT/ AFFIDAVIT				
	☐ Affidavit for Financial Support (Form Al130- undergraduate)- this form required if the bank statement is not				
	of the student, For F-2 dependents, refer to the Affidavit for Financial Support for details				
☐ Bank Statement Minimum (undergraduate): \$27,000.00					
	☐ Affidavit for Financial Support (Form Al131- graduate)- this form required if the bank statement is not of the				
	Student, For F-2 dependents, refer to the Affidavit for Financial Support for details				
	□ Bank Statement Minimum (graduate): \$25,000.00				
	ADMISSIONS FEES				
	□ Application fee: \$50.00				
	☐ Foreign Transcript Evaluation fee: \$85.00 (if applicable)				
	□ International Mailing fee: \$50-90 (mailing fee may be different per country. Please inquire to the admissions office for				
	detailed fees)				
	□ Payment Form (AD120)				



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AD101

#### **ADMISSIONS CHECKLIST**

(Undergraduate Program)				
NAME OF APPLICANT:	DATE:			
BASIC REQUIREMENTS FOR ALL STUDENTS:				
<ul> <li>□ Application Form (all blanks must be completely answered by stude □ Application Fee (\$50, Non-Refundable)</li> <li>□ Evidence of Educational Attainment:</li> <li>□ Copy of High School Diploma, or</li> <li>□ Official Transcript from college/university attended. Official digital copy. No photocopies allowed.</li> <li>□ Foreign Transcript Evaluation from a NACES-approved agreamed from schools outside the U.S.A. or from countries who General/\$200 Course-by- Course, Non-Refundable)</li> <li>□ English Proficiency Requirement:</li> <li>□ Copy of TOEFL or equivalent with passing test scores, or</li> <li>□ Applicant is applying towards a degree program and will tale proficiency Test or equivalent English test approved by Caluse</li> <li>□ Exempt, applicant completed high school education or at less that the school education or at less the school education or at less that the school education or at less that the school ed</li></ul>	al transcript must be sealed, original, or authenticated ency (if college/university degree or credits are tere English is not the primary language) (\$100 ke and must pass the Calusa Institute English sa Institute; TEST DATE: or			
other countries where English is the primary language.  ADDITIONAL REQUIREMENTS FOR LOCAL STUDENTS:	and I year of higher education in the 0.5.71. Of Holli			
□ Copy of U.S. Passport, or Green Card; or				
□ Provide Social Security Number and Copy of Driver's License				
ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUL	DENTS:			
<ul> <li>□ Completed SEVIS I-20 Request Form</li> <li>□ Financial Support</li> <li>□ Official Certificate of Deposit/Bank Statement of Applicant</li> <li>□ Affidavit of Financial Support and Official Certificate of D</li> <li>□ Identification</li> </ul>				
<ul> <li>□ Copy of Passport with Visa Details and I-94(Applicant)</li> <li>□ Copy of Passport with Visa Details and I-94(Dependent/s),</li> <li>□ Proof of relationship required for dependent/s</li> <li>□ Mailing Fee:</li> </ul>	if applicable			

- \$70 Non-Refundable
  - <sup>o</sup> No Charge if I-20 picked-up by the student
  - For Transfer-In International Students Only SEVIS Transfer Eligibility Form (DSO must complete and return this form before issuing the acceptance letter)



• \$70 Non-Refundable

<sup>o</sup> No Charge if I-20 picked-up by the student

this form before issuing the acceptance letter)

## **Calusa Institute**

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AD102

#### ADMISSIONS CHECKLIST

(Graduate Program)				
NAME OF APPLICANT:	DATE:			
BASIC REQUIREMENTS FOR ALL STUDENTS:				
must be sealed, original, or authenticated digital Foreign Transcript Evaluation from a NACE earned from schools outside the U.S.A. or from General/\$200 Course-by- Course, Non-Refund At least one (1) letter of recommendation	egree completed from college/university attended. Official transcript cal copy. No photocopies allowed. S-approved agency (if college/university degree or credits are m countries where English is not the primary language) (\$100 dable)			
<ul> <li>□ English Proficiency Requirement:</li> <li>□ Copy of TOEFL or equivalent with passing to a Applicant is applying towards a degree program proficiency Test or equivalent English test appropriate to a proficiency Test or equivalent English test appropriate to</li></ul>	ram and will take and must pass the Calusa Institute English broved by Calusa Institute; TEST DATE: or ucation or at least 1 year of higher education in the U.S.A. or from			
ADDITIONAL REQUIREMENTS FOR LOCAL ST	<u>UDENTS:</u>			
☐ Copy of U.S. Passport, or Green Card; or ☐ Provide Social Security Number and Copy of Driver				
<u>ADDITIONAL REQUIREMENTS FOR INTERNAT</u> □ Completed SEVIS I-20 Request Form	ITOMAL STUDENTS:			
<ul> <li>□ Financial Support</li> <li>□ Official Certificate of Deposit/Bank Statement</li> <li>□ Affidavit of Financial Support and Official Computation</li> <li>□ Identification</li> <li>□ Copy of Passport with Visa Details and I-94(</li> </ul>	Certificate of Deposit/Bank Statement of Applicant's Sponsors (Applicant)			
<ul> <li>Copy of Passport with Visa Details and I-94(</li> <li>Proof of relationship required for dependent/</li> <li>Mailing Fee:</li> </ul>				

□ For Transfer-In International Students Only - SEVIS Transfer Eligibility Form (DSO must complete and return



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AD110

## APPLICATION FOR ADMISSIONS

1. Admission Informa					
Program of Interest	<ul> <li>□ Bachelor of Science in Management Science</li> <li>□ Master of Science in Computer Information Systems</li> </ul>				
Applying for Term	□ Winter	□ Spring	□ Summer	□ Fall	Year:
2. Personal Informat	tion				
Name	Last/ Family:			First/ Given:	
Address					
Contact Information	Mobile:			Home:	
Contact information	Email:				
	Date of Birth	(month/date/year):			
Origin	Place of Birth	:			
	Passport Number:				
2. Emparan au Cautara					
3. Emergency Contact Name	Last/ Family:			First/ Given:	
	Mobile: Home:				
Contact Information	Email: Relationship:				
	I.				
4. Academic History					
Name of Institution	on (list high school,	college, university)	Year o Graduat		Degree
I hereby certify that all the info agree to abide by all rules and a			true and correct to the	best of my knowled	lge. If my application is accepted, I
Signature of Applicant				Date	



Date

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Seal

#### AI120 F-1 STUDENT TRANSFER ELIGIBILITY FORM STUDENT NAME: $\frac{}{\textit{Last/ Family Name, First/ Given Name}}$ TODAY'S DATE: \_\_\_ (mm/dd/yyyy) SEVIS ID#: DATE OF BIRTH (mm/dd/yyyy) TO THE INTERNATIONAL STUDENT ADVISOR (to be filled out by the International Student Advisor below) In accordance with the regulations of the U.S. Citizenship and Immigration Services, please provide the information requested below to certify the eligibility for transfer of the above student. Kindly mail this form to: Foreign Student Advisor, Calusa Institute, 1240 S. State College Blvd., Suite 101, Anaheim, CA 92806. You may also fax to 714-619-9855 or email to isa@cal-usa.com. Please note that you will receive the acceptance letter from Calusa Institute only after we receive this completed and signed form. DO NOT release the SEVIS record of the student until you receive our acceptance letter. Calusa Institute SEVIS Information: School Name: Calusa Institute School Code: LOS214F57921000 This student is currently: □ IN-STATUS □ OUT-OF-STATUS □ COMPLETED □ OTHER This student was enrolled full-time and he/ she is eligible for transfer: $\square$ YES $\square$ NO If no, please explain \_\_\_\_\_ □ YES □ NO OPT Start Date: \_\_\_\_OPT End Date: \_\_\_\_ Is the student under OPT? FROM TO **Duration of Attendance** Name of Institution Address \_Fax Number \_\_\_\_\_ Phone Number School Code School Official Name Title \_\_\_\_\_ Email \_\_\_\_\_ Affix DPSO/DSO Signature School



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## AC510 TRANSFER CREDIT REQUEST FORM STUDENT ID #: \_\_\_\_\_ DEGREE & PROGRAM \_\_\_\_\_ ADMITTED QUARTER: | Winter | Spring | Summer | Fall | YEAR: 20\_\_\_\_\_\_ STUDENT NAME: \_\_\_ Last First Middle ADDRESS: PHONE: EMAIL: DOB: Name of Transferring Institution (from): \_\_\_ CREDIT DATE COURSE NO. COURSE TITTLE TRANSFER COURSE TITLE OFFICE ONLY **TAKEN UNITS** Name of Transferring Institution (from): \_\_\_\_\_ DATE CREDIT COURSE NO. COURSE TITTLE TRANSFER COURSE TITLE OFFICE ONLY **TAKEN UNITS** Student Signature: Date: Office Use Only Approved by *Chief Academic Officer*: \_\_\_\_\_ Signature Date Recorded by *Registrar*: Signature Date



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AI110

#### I-20 REQUEST FORM FOR INTERNATIONAL STUDENTS

Please type or print clearly in BLACK INK. Last/ Family: First/ Given: Middle: Name Foreign Address Mobile: Home: Contact Information Email: Date of Birth (month/date/year): Place of Birth: Origin Passport Number: Exp. Date:  $\square$  Male □ Other □ Female Gender U.S. Address School Name: Transfer From Address: F-1 Visa Phone: Name of DSO: Fax: Change of Current Visa: Exp. Date: Status Please attach a copy of current visa Education Level ☐ High School/ Other ☐ Associate Degree: Completed □ Bachelor Degree: ☐ Master Degree: □ Bachelor of Science in Management Science Applying □ Master of Science in Computer Information Systems **Program** Applying for □ Winter □ Spring □ Summer □ Fall Year: Term Financial ☐ Student's Personal Funds ☐ Family Funds from Abroad □ Sponsor in U.S.A. Information Dependents for F-2 Visa LAST NAME FIRST NAME DATE OF GENDER RELATIONSHIP COUNTRY OF COUNTRY OF **CITIZENSHIP** BIRTH BIRTH NOTE: Your I-20 Form cannot be processed until all documents are completed and an acceptance letter is issued by the Director of

NOTE: Your I-20 Form cannot be processed until all documents are completed and an acceptance letter is issued by the Director of Admissions. Please note that it takes at least three (3) working days from acceptance date to process I-20 documents.

For Office Use Only:		
I-20 Issued On:	_ I-20 Mailed On:	_Courier Tracking Number:



Last/ Family:

**Applicant Information** 

Name

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First/ Given:

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AI130

#### **AFFIDAVIT FOR FINANCIAL SUPPORT- Undergraduate Program**

Address			
Contact	Mobile:	Home:	
Information	Email:		
Dependent Informat	ion (Support must be available	e annually in the amount of \$4,500 (U.S.) for	each dependent listed below)
	Last Name	First Name	Middle Name
Dependent 1	Date of Birth	Country of Citizenship	Relationship
	Last Name	First Name	Middle Name
Dependent 2	Date of Birth	Country of Citizenship	Relationship
D 1.42	Last Name	First Name	Middle Name
Dependent 3	Date of Birth	Country of Citizenship	Relationship
Sponsor Information	,	,	<u>'</u>
Name	Last/ Family:	First/ Giver	1:
Address			
Contact	Mobile:	Home:	
Information	Email:		
Relationship to Applicant			
	 re vou supportina in addi	tion to this applicant (include your	own family members)?
This form must be accompar student's bank. The docume	nied with a certificate of deposit (dr nt must indicate total funds availab	rawn under the name of the student), current bar ale to cover the annual education expenses of the	nk statement or letter from the sponsor's or the
This is to certify that I (stude expenses and support of the each quarter full tuition and	above-named self/applicant during t fees must be paid at the time of regi		tute. I (student) or I/We (sponsor) understand that cial responsibility, in the amount of 4,500 (U.S.) for
Name of Sponsor		Name of Student	
Signature of Sponsor	·	Signature of Student_	
Date		Date	
*27,000 (U.S.) indicates the program is for the one acade	annual cost for undergraduate degre mic year (nine months). Prices are s	e programs (tuition, textbooks, rooms/ board, tran	asportation and personal expenses). Duration of the



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AI131

#### **AFFIDAVIT FOR FINANCIAL SUPPORT- Graduate Program**

Applicant Informati	Con				
Name	Last/ Family: First/ Given:				
Address					
Contact	Mobile:	Home:			
Information	Email:	nail:			
Dependent Informa	<b>tion</b> (Support must be available	e annually in the amount of \$4,500 (U.S.) for	each dependent listed below)		
	Last Name	First Name	Middle Name		
Dependent 1	Date of Birth	Country of Citizenship	Relationship		
	Last Name	First Name	Middle Name		
Dependent 2	Date of Birth	Country of Citizenship	Relationship		
	Last Name	First Name	Middle Name		
Dependent 3	Date of Birth	Country of Citizenship	Relationship		
Co a man u lo fo um ortio	_	1	1		
Sponsor Information Name	Last/ Family:	First/ Given	:		
Address					
Contact	Mobile:	Home:			
Information	Email:				
Relationship to Applicant					
This form must be accompa student's bank. The docume CERTIFICATION This is to certify that I (studexpenses and support of the each quarter full tuition and	nied with a certificate of deposit (drent must indicate total funds availab <b>OF RESPONSIBILITY</b> ent) or I/We (sponsor) assume financ above-named self/applicant during t fees must be paid at the time of regi	cial responsibility up to \$25,000* (U.S.) per acader the course of my/his/her attendance at Calusa Instit	k statement or letter from the sponsor's or the student.  mic year as needed for the educational-related tute. I (student) or I/We (sponsor) understand that tial responsibility, in the amount of 4,500 (U.S.) for		
Name of Sponsor		Name of Student			
Signature of Sponsor	r	Signature of Student			
Date		Date			

\*25,000 (U.S.) indicates the annual cost for graduate degree programs (tuition, textbooks, rooms/ board, transportation and personal expenses). Duration of the program

is for the one academic year (nine months). Prices are subject to change without notice.



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AD120

#### **PAYMENT FORM**

STUDENT NAME			STUDENT ID #	
PROGRAM □ MSCIS			□ BSMS	
STREET ADDRESS				
CITY	STATE	ZIPCO	)DE	
TELEPHONE NUMBER		E-MAIL_		
			<u>.                                    </u>	
□ APPLICATION FEE \$50	☐ FOREIGN TRANSC	RIPT EVALUATION	ON FEE \$85*	
☐ REGISTRATION FEE \$30 ☐ GRADUATION FEE \$150 ☐ INTERNATIONAL MAILING	☐ TRANSCRIPT FEE \$		□ STUDENT ID \$20 □ RETURNED CHECK FEE \$25	
□ OTHER*Fees may change at any time. Inquire to	TOTA	.L: \$		
FORM OF PAYMENT  USA MASTERCA			□ CASH	
Name of Credit Card Holder	· <u>·</u>			
Phone:	Er	mail:		
Signature of Credit Card Ho	lder:ase attach a copy of ti			
Office Use Only				
SIGNATURE OF EINANCE OF	EICED		DATE	