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American Culture Experience Enrollment Form

PROGRAM

Please write the dates of the program you would like to enroll in: _____

PERSONAL INFORMATION

1. Legal Name (on Passport) _____
Family (Last) Given (First) Middle

2. Permanent Residence Address outside the United States _____
Number and Street

City Postal Code Country

3. Mailing Address (if different from #2 above) _____
Number and Street

City Postal Code Country

4. Telephone _____ 5. Fax _____
Country/Area Code/Number Country/Area Code/Number

6. Date of Birth _____ 7. ___ Male ___ Female

8. City and Country of Birth _____

9. Country of Citizenship _____ 10. Country of Legal Residence _____

11. Person to contact in case of emergency:

Name _____ Relationship to you _____

Phone _____ Email _____

Please submit the following to the ALCI:

1. Complete American Culture Experience Enrollment Form
2. American Culture Experience Homestay Application
3. Photocopy of your passport