



1240 S. State College Blvd., Suite 101, Anaheim, CA 92806
T: 714-477-8755, F: 714- 619-9855 / Website: www.calusa.edu / E-mail: info@calusa.edu

AD101

ADMISSIONS CHECKLIST (International Students)

START DATES* & APPLICATION DEADLINES

QUARTER	Winter	Spring	Summer	Fall
START DATE	January 5	April 6	July 6	October 5
APPLICATION DEADLINE	November 1	February 1	May 1	August 1

*Quarter start dates may vary each year.

ADMISSIONS CHECKLIST

- ☐ Admissions Checklist Form AD102 (graduate)

CALUSA FORM: APPLICATION (*all international applicants*)

- ☐ Application Form (Form AD110)

- ☐ Transfer Eligibility Form (Form AI120)
- ☐ I-20 Copy from previous schools

DIPLOMA (*scanned copies*)

- ☐ 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)

- **Physical transcripts:** Academic records must be sealed in school envelope and stamped 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
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Anaheim, CA 92806

- **Electronic transcripts:** Digital transcripts must be released directly by the Office of the Registrar of the issuing university to registrar@calusa.edu

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
 - SPANTRAN: <https://spantran.com/web/> and assign Calusa Institute as your institution

ENGLISH PROFICIENCY (*must have at least one of below*)

- Graduate program
 - ☐ TOEFL iBT 61 or equivalent
 - ☐ Calusa Institute English Proficiency Examination 80% (*admissions will assign the test*)

The following will be exempted from this requirement

Applicants who:

1. Have completed at least four (4) years high school education in the United States
2. Have completed at least two (2) years of higher education in the United States



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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.

RECOMMENDATION LETTER

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 AI110)

PROOF OF IDENTIFICATION

- ☐ Passport- all applicants are required to submit a copy of their passport.
 - Passport must be valid for at least 6 months after the application is submitted.
- ☐ To add F-2 dependent(s), provide the following:
 - Proof of family relationships; marriage certificate, birth certificate
 - Dependent's copy of passport

CALUSA FORM: PROOF OF FINANCIAL SUPPORT/ AFFIDAVIT

- ☐ Affidavit for Financial Support (Form AI131- *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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AD102

ADMISSIONS CHECKLIST

(Graduate Program)

NAME OF APPLICANT: _____ DATE: _____

BASIC REQUIREMENTS FOR ALL STUDENTS:

- ☐ Application Form (all blanks must be completely answered by student)
- ☐ Application Fee (\$50, Non-Refundable)
- ☐ Evidence of Educational Attainment:
 - Official Transcript of at least a bachelor's degree completed from college/university attended. Official transcript must be sealed, original, or authenticated digital copy. No photocopies allowed.
 - Foreign Transcript Evaluation from a NACES-approved agency (if college/university degree or credits are earned from schools outside the U.S.A. or from countries where English is not the primary language) (\$100 General/\$200 Course-by- Course, Non-Refundable)
- ☐ At least one (1) letter of recommendation
ORIGINAL (from an active member of the academe and/or business professional with credentials)
- ☐ English Proficiency Requirement:
 - Copy of TOEFL or equivalent with passing test scores, or
 - Applicant is applying towards a degree program and will take and must pass the Calusa Institute English proficiency Test or equivalent English test approved by Calusa Institute; TEST DATE: _____ or
 - Exempt, applicant completed high school education or at least 1 year of higher education in the U.S.A. or from other countries where English is the primary language.

ADDITIONAL REQUIREMENTS FOR LOCAL STUDENTS:

- ☐ Copy of U.S. Passport, or Green Card; or
- ☐ Provide Social Security Number and Copy of Driver's License

ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUDENTS:

- ☐ Completed SEVIS I-20 Request Form
- ☐ Financial Support
 - Official Certificate of Deposit/Bank Statement of Applicant, or
 - Affidavit of Financial Support and Official Certificate of Deposit/Bank Statement of Applicant's Sponsors
- ☐ Identification
 - Copy of Passport with Visa Details and I-94(Applicant)
 - Copy of Passport with Visa Details and I-94(Dependent/s), if applicable
 - Proof of relationship required for dependent/s
- ☐ Mailing Fee:
 - \$70 Non-Refundable
 - 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)



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AD110

APPLICATION FOR ADMISSIONS

1. Admission Information

Program of Interest	☐ Master of Science in Computer Information Systems ☐ Master of Business Administration in Business Analytics ☐ Master of Science in Healthcare Management and Informatics
Applying for Term	☐ Winter ☐ Spring ☐ Summer ☐ Fall Year:

2. Personal Information

Name	Last/ Family:	First/ Given:
Address	Building No. Street Name Unit#	
	City State Zip Code	
	Mobile:	Home:
Contact Information	Email:	
	Date of Birth (month/ date/ year):	
Origin	Place of Birth:	
	Passport Number:	

3. Emergency Contact

Name	Last/ Family:	First/ Given:
Contact Information	Mobile:	Home:
	Email:	Relationship:

4. Academic History

Name of Institution (list high school, college, university)	Year of Graduation	Degree

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge. If my application is accepted, I agree to abide by all rules and regulations of Calusa Institute.

Signature of Applicant

Date

AI120



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F-1 STUDENT TRANSFER ELIGIBILITY FORM

STUDENT NAME: _____ TODAY'S DATE: _____
Last/ Family Name, First/ Given Name *(mm/dd/yyyy)*

SEVIS ID#: N _____ DATE OF BIRTH _____
(mm/dd/yyyy)

I hereby authorize my school official to release the below information to CALUSA INSTITUTE.

Student's Signature: _____ Today's Date: _____

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 email this form to the Foreign Student Advisor Ms. Lisa Lee at lisa@calusa.edu

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: ☐ YES ☐ NO

If no, please explain _____

Has the student engaged in CPT? ☐ YES ☐ NO CPT Start Date: _____ OPT End Date: _____

Is the student under OPT? ☐ YES ☐ NO OPT Start Date: _____ OPT End Date: _____

Duration of Attendance FROM _____ TO _____

Name of Institution _____

Address _____

Phone Number _____ Fax Number _____

School Code _____ 214F _____

School Official Name _____

Title _____ Email _____

PDSO/ DSO Signature

Date

Affix

School

Seal



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I-20 REQUEST FORM FOR INTERNATIONAL STUDENTS

Please type or print clearly in **BLACK INK**.

Name	Last/ Family:	First/ Given:	Middle:
Foreign Address	Building No. Street Name Unit#		
	City State Zip Code		
	Mobile: Home:		
Contact Information	Email:		
	Date of Birth (month/ date/ year): Place of Birth:		
Origin	Passport Number: Exp. Date:		
	☐ Male ☐ Female ☐ Other		
US Address (if applicable)	Building No. Street Name Unit#		
	City State Zip Code		
	Transfer From F-1 Visa		
Change of Status	School Name:		
	Address:		
	Name of DSO: Phone: Email:		
	CPT date (if applicable): Start: End:		
	OPT date (if applicable): Start: End:		
	Other comments:		
Previous Education	Current Visa: Exp. Date: Please attach a copy of current visa		
	☐ Bachelor Degree: ☐ Master Degree:		
Applying Program	☐ Master of Science in Computer Information Systems (MSCIS)		
	☐ Master of Business Administration in Business Analytics (MBA BA)		
Applying for Term	☐ Master of Science in Healthcare Management and Informatics (MSHMI)		
	☐ Winter ☐ Spring ☐ Summer ☐ Fall Year:		
Financial Information	☐ Student's Personal Funds ☐ Family Funds from Abroad ☐ Sponsor in U.S.A.		

Dependents for F-2 Visa

LAST NAME	FIRST NAME	DOB	GENDER	RELATIONSHIP	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP

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 Issue Date: SEVIS NO.:



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AI131

AFFIDAVIT FOR FINANCIAL SUPPORT- Graduate Program

Applicant Information

Name	Last/ Family:	First/ Given:
Foreign Address	Building No.	Street Name
	City	State
	Unit#	Zip Code
Contact Information	Mobile:	Home:
	Email:	

Dependent Information (Support must be available annually in the amount of \$4,500 (U.S.) for each dependent listed below)

Dependent 1	Last Name	First Name	Middle Name
	Date of Birth	Country of Citizenship	Relationship
Dependent 2	Last Name	First Name	Middle Name
	Date of Birth	Country of Citizenship	Relationship
Dependent 3	Last Name	First Name	Middle Name
	Date of Birth	Country of Citizenship	Relationship

Sponsor Information

Name	Last/ Family:	First/ Given:
Address	Building No.	Street Name
	City	State
	Unit#	Zip Code
Contact Information	Mobile:	Home:
	Email:	
Relationship to Applicant		

How many people are you supporting in addition to this applicant (include your own family members)?

This form must be accompanied with a certificate of deposit (drawn under the name of the student), current bank statement or letter from the sponsor's or the student's bank. The document must indicate total funds available to cover the annual education expenses of the student.

CERTIFICATION OF RESPONSIBILITY

This is to certify that I (student) or I/We (sponsor) assume financial responsibility up to \$25,000* (U.S.) per academic year as needed for the educational-related expenses and support of the above-named self/applicant during the course of my/his/her attendance at Calusa Institute. I (student) or I/We (sponsor) understand that each quarter full tuition and fees must be paid at the time of registration. In addition, I/We (sponsor) assume financial responsibility, in the amount of 4,500 (U.S.) for each of my/ the applicant's dependent(s) if indicated above that spouse and/ or children will be living with the student.

Name of Sponsor _____ Name of Student _____

Signature of Sponsor _____ Signature of Student _____

Date _____ Date _____



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*\$25,000 (U.S.) indicates the annual cost for undergraduate 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.

AD120

PAYMENT FORM

STUDENT NAME _____ STUDENT ID # _____
PROGRAM ☐ MSCIS ☐ MBA BA ☐ MSHMI
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____ E-MAIL _____
TUITION: \$ _____ X _____ units= \$ _____
☐ APPLICATION FEE \$50 ☐ FOREIGN TRANSCRIPT EVALUATION FEE \$85*
☐ REGISTRATION FEE \$30 ☐ LATE REGISTRATION FEE \$35 ☐ STUDENT ID \$20
☐ GRADUATION FEE \$150 ☐ TRANSCRIPT FEE \$20 (per issue) ☐ RETURNED CHECK FEE \$25
☐ INTERNATIONAL MAILING FEE \$30-90*
☐ OTHER _____ TOTAL: \$ _____

**Fees may change at any time. Inquire to admissions office for estimated cost per country.*

FORM OF PAYMENT

☐ VISA ☐ MASTERCARD ☐ CHECK # _____ ☐ CASH ☐ WIRE TRANSFER

CREDIT CARD NO: _____

EXP. DATE: _____ CARD SECURITY CODE**: _____

***Card Security Code is on back of the credit card.*

Name of Credit Card Holder: _____

Phone: _____ Email: _____

Signature of Credit Card Holder: _____

Please attach a copy of the credit card front and back.

BANK INFORMATION for WIRE TRANSFER:

Cbb Bank
Commonwealth Business Bank
3435 Wilshire Blvd, Suite 700
Los Angeles, CA 90010
Tel: 323-988-3000

Router No.: 122043864, Account No.: 4133413541, Swift Code: cwbbus61

Please email a copy of your wire transfer receipt for our records.

Office Use Only

SIGNATURE OF FINANCE OFFICER _____

DATE _____