



*Located on the campus of California State University, Chico, the American Language and Culture Institute (ALCI Chico) offers high-value intensive English language and culture instruction for international students.*

online:  
[rce.csuchico.edu/alci](http://rce.csuchico.edu/alci)

phone:  
530-898-6821

email:  
[alci@csuchico.edu](mailto:alci@csuchico.edu)

## ALCI CHICO HIGH SCHOOL ORIENTATION PROGRAM

*for the Chico Unified School District*  
▶ *August 8-17, 2016*

**In collaboration with the Chico Unified School District, ALCI Chico's High School Orientation Program provides incoming students an introduction to the expectations of an American high school with the language and cultural support needed to be successful in their academic and social experiences.**

Upon completion of this University-based, intensive pre-registration program, students will have the skills they need to recognize and positively adapt to American teaching styles, classroom dynamics, and living experiences.

### ***Students will...***

- ▶ Experience a high-quality, University-based orientation program
- ▶ Understand academic expectations
- ▶ Develop the ability to successfully cope with a wide range of social situations
- ▶ Improve English language, writing, research, and presentation skills
- ▶ Introduction to United States history and culture
- ▶ Participate in group activities
- ▶ Practice effective communication, both in and out of the classroom

### ***What your student will need...***

- ▶ ALCI Chico Application Form
- ▶ International Student Health Certificate
- ▶ Consent for Treatment of a Minor Form
- ▶ Proof of Health and Accident Insurance
- ▶ \$500 Orientation Program Fee

AMERICAN LANGUAGE & CULTURE INSTITUTE



# American Language and Culture Institute

Special Programs Application • Name of special program you are applying for

Telephone: 530-898-6821 Web site: rce.csuchico.edu/alci Fax: 530-898-5668 E-mail: alci@csuchico.edu

### Name as it appears on your passport

Family name

First name

Middle name

### Home country address

Street address (not P.O. Box)

City

State/Prefecture

Country

Postal code

Telephone

Fax (if available)

E-mail

### Mailing address for acceptance materials (if different from above)

Street address

Telephone

City

State/Prefecture

Country

Postal code

Date of birth: / /  
Month Day Year

Gender: Male Female

Country of birth:

Country of citizenship:

Do you have family members who will accompany you?

Yes No

If yes, please list family information: include name, date of birth, gender, relationship, country of birth, and country of citizenship (on a separate piece of paper).

Highest educational level completed:

Estimate your language proficiency: Beginning Intermediate Advanced

What type of Visa do you have? Student (F-1) Exchange Visitor: Student or Professor (J-1) Tourist (B-2) Visa Waiver

Other:



# American Language and Culture Institute

Special Programs Application

**Emergency contact person:**

Name		Relationship to applicant		
Telephone	Fax (if available)		E-mail	
Mailing address	City	State/Prefecture	Country	Postal code

**Release of records:** You must authorize the release of your records and transcripts to sponsoring organizations or admissions offices.

**Required signature**

Date of signature:    /    /  
Month    Day    Year

**Sponsor/guardian information:** If the applicant is sponsored or receiving a scholarship or grant, the sponsoring organization must complete this section and must include a letter of financial support with this application.

Name of sponsor/guardian		Relationship to applicant		
Telephone	Fax (if available)		E-mail	
Sponsor address	City	State/Prefecture	Country	Postal code

**Special needs/concerns:** Do you have a physical or learning disability that requires accommodations?    Yes    No  
(Note: providing this information does not affect your admission eligibility)

If yes, describe the necessary accommodations.

**REQUIRED** I certify that the information I have given is true and correct and that I agree to meet all requirements as stated:

**Required signature** of applicant (or guardian):

Date of signature:    /    /  
Month    Day    Year

**Payment:**    Application fee ~~US\$100~~: Waived

**CONTACT INFORMATION:**

**American Language and Culture Institute**  
Center for Regional and Continuing Education  
California State University, Chico  
Chico, California, USA 95929-0250

- Web:    rce.csuchico.edu/alci
- E-mail:    alci@csuchico.edu
- Telephone: 530-898-6821
- Fax:    530-898-5668



# International Student Health Certificate

Name (Last, First): \_\_\_\_\_ CSUC ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (check box):  Male  Female  
(Month / Day / Year)

## The following is to be filled out by a physician:

---

### 1. Measles/MMR Immunization

First Dose: \_\_\_\_\_ Second Dose (if any): \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

Date of Disease (if applicable): \_\_\_\_\_ Date of Positive Serologic Test (if applicable): \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

General Remarks on the Student's Health: \_\_\_\_\_  
\_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_  
\_\_\_\_\_

Signature of Physician (required): \_\_\_\_\_ Date: \_\_\_\_\_  
(Month / Day / Year)

### 2. Tuberculin Examination (choose one of following)

\_\_\_ a. **Skin Test Results** (cannot be older than 3 months before travel to U.S.)

- Positive (Please indicate the size of reaction): \_\_\_\_\_  
 Negative–Revealed (No abnormalities)

\_\_\_ b. **Quantiferon Tuberculin Screen Test** (cannot be older than 30 days before travel to U.S.)

- Positive  
 Negative

**Important: Quantiferon test might be requested at the Student Health Center during the new student orientation for an additional fee, about \$50. (amount subject to change).**

\_\_\_ c. **No Tuberculin Examinations**

General Remarks on the Student's Health: \_\_\_\_\_  
\_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_  
\_\_\_\_\_

Signature of Physician (required): \_\_\_\_\_ Date: \_\_\_\_\_  
(Month / Day / Year)

California State University, Chico  
Student Health Service  
Chico, CA 95929-0777  
Phone (530)898-5241  
Fax (530)898-4057

### CONSENT FOR TREATMENT OF A MINOR

I give authorization to the Student Health Service at California State University, Chico to provide, upon request of my minor son/daughter,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

all ordinary examinations and medical treatment until he/she reaches 18 years of age.

I also give my permission for the Student Health Service personnel to authorize any necessary emergency care prior to the time I can be reached to give permission.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

---

SHS STAFF USE ONLY FOR TELEPHONE CONSENT

---

**Parental/guardian authorization given**

Yes

No

Date and time of consent:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Method of verification of identity**

**Complete all that apply**

Call to  Home  Work

Student's name \_\_\_\_\_ Student's DOB \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Parent/guardian address \_\_\_\_\_

Home phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

AMERICAN LANGUAGE  
& CULTURE INSTITUTE



## HEALTH INSURANCE REQUIREMENTS FOR ALL ALCI STUDENTS

All students enrolled in ALCI are **required** to have a health and accident insurance policy. This is a California State University requirement. You must demonstrate proof of coverage (in English) during orientation. You may bring a policy from home or purchase insurance when you arrive at orientation. Coverage categories and minimum amounts of coverage are as follows:

- US \$50,000 provision for health and accident
- US \$10,000 provision for medical evacuation
- US \$7,500 provision for repatriation of a deceased insured person

**You must be covered the entire time you are enrolled in ALCI classes. If you do not have proof of insurance, you will be required to purchase a policy that meets the above university requirements prior to attending classes.**

New students purchasing health insurance with assistance from our school can choose to purchase from: **Wells Fargo Insurance Services**. For information and costs, please visit the CSU, Chico Student Health Services website at [www.csuchico.edu/shs](http://www.csuchico.edu/shs), and follow the link by clicking:

- *Health Insurance*
- *Wells Fargo Supplemental Student Health Insurance*
- *Enroll Online Now!*
- *CSU Chico*
- *CSU Chico – ALCI*
- *Enroll*

**\*\*Students who continue in the ALCI program are expected to renew their health insurance policies on their own in order to maintain eligibility for continued enrollment, and must show proof of insurance coverage when registering for a new ALCI session.\*\***

For questions regarding this insurance requirement, please contact ALCI at [alci@csuchico.edu](mailto:alci@csuchico.edu), or 530-898-6821.