



CalPolyPomona

American Language and Culture Program APPLICATION FORM

BLDG. 220A-206, 3801 W. Temple Ave.
Pomona, California 91768

909-869-4599
www.cpp.edu/cpeli

Session/Year: Summer 2021

GIVEN NAME: _____ FAMILY NAME: _____

DOB: ____/____/____ GENDER: ☐ MALE ☐ FEMALE
mm dd yyyy

HOME ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ COUNTRY OF CITIZENSHIP: _____

COUNTRY CODE: _____ CELL PHONE NUMBER: _____ EMAIL: _____

UNIVERSITY OR SCHOOL FROM _____

PROGRAM DATES: July 19, 2021 to August 6, 2021

PROGRAM FEE: \$1,280/Student

MAKE PAYMENT: www.flywire.com/pay/ceu

SIGNATURE: _____ BY TYPING MY NAME HERE
I'M PROVIDING MY CONSENT AND APPROVAL DATE: _____

EMAIL COMPLETED FORM TO: haichaowang@cpp.edu

STUDENTS STOP HERE

OFFICE USE ONLY (Please Initial & Date)		
Received By:	Registered By:	Processed By:
		Fees Paid: \$
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