Sequence No: THE CALIFORNIA STATE UNIVERSITY INTERNATIONAL PROGRAMS								
	401 Golden Shore, Sixth Floor, Long Beach, California 90802-4210							
APPLICATION TRANSMITTAL FORM								
Campus:		Sent by:		Date:				
Instructions to	Sender:							
1. Starting with #1 on first transmittal, enter sequence number in upper left corner.					5. If a student withdraws, notify OIP in the Comments column.			
2. List students alphabetically by last name.				6. Be sure to retain a copy for your records.				
3. You only need to list the students' name once; indicate all enclosures.4. Always indicate Country and Program.					7. Please remove staples from forms and transcripts prior to sending to OIP.			
Last Name	First Name	Country & Program	Faculty Rec	es from:	Language Rec from:	Transcripts from:	Comments	
Example: Bailey	William	CSU IP Chile: Direct Enrollment	Saul Hudson		Jeffrey Isabell	CSULA		