

## English Language Center Application for Admission

**Please print clearly or type**

**Name** (as listed on passport) \_\_\_\_\_  
Last (Family/Surname) First Middle

**Telephone** (\_\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_  
Month Day Year

**Gender**  Male  Female

**Permanent Home Country Address (required)**

\_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State/Province) (Country) (Zip Code)

**Mailing Address (I-20 will be sent here)**

c/o \_\_\_\_\_  
(Name of person on lease or owns home)

\_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State/Province) (Country) (Zip Code)

**\*I give** \_\_\_\_\_ **permission to check the status of my application.**  
(Name of relative, friend, agent)

<b>COURSE DATE(S):</b> Mark <b>ALL</b> terms and write in year you will attend classes. I-20s will <b>only</b> be created for term(s) selected.	<input type="checkbox"/> <b>Fall I</b> <b>20</b> _____ August– October	<input type="checkbox"/> <b>Fall II</b> <b>20</b> _____ October – December	<input type="checkbox"/> <b>Spring I</b> <b>20</b> _____ January – March	<input type="checkbox"/> <b>Spring II</b> <b>20</b> _____ March – May	<input type="checkbox"/> <b>Summer</b> <b>20</b> _____ May – July
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**Have you graduated from high school?**  Yes  No **How many years have you studied English?** \_\_\_\_\_

**Have you applied to and/or attended the University of South Alabama ELC program before?**  Yes  No

**If yes, when?** \_\_\_\_/\_\_\_\_/\_\_\_\_ \*please submit a copy of previous USA ELC I-20(s).  
Month Year

**Will you enter the U.S. as an F-1 student?**  Yes  No

**Are you currently in the U.S.?**  Yes  No **If yes, what is your current visa status?**

**F-1** (Transfer students must complete the USA ELC Transfer In Clearance Form and have their SEVIS record sent to USA before classes begin.)

**B-1/B-2**  **J-1**  **U.S. Citizen**  **U.S. Permanent Resident**  **Other** \_\_\_\_\_

**Will any dependent(s) accompany you to the U.S.?**  Yes  No **If yes, complete the following:**

1. **Dependent Name** \_\_\_\_\_ **Relationship**  Spouse  Child  
Last Name First Middle

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_  
Month Day Year

2. **Dependent Name** \_\_\_\_\_ **Relationship**  Spouse  Child  
Last Name First Middle

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_  
Month Day Year

**If additional dependents are needed, provide above information in an attached document. NOTE: A copy of the dependent passport info page must be attached before a dependent I-20 will be created.**

**In case of emergency, please notify:** \_\_\_\_\_

Last Name

First

Middle

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **FINANCIAL SUPPORT INFORMATION**

Applicants requesting an I-20 must provide evidence of financial ability or support for the period of study in the U.S. While you are studying at the University of South Alabama English Language Center, your support will be provided by:  **Personal funds**  **Sponsor**  
**- Name of sponsor:** \_\_\_\_\_

For those students with a financial sponsor, an Affidavit of Support must be completed and submitted along with a bank statement, financial guarantee, or bank letter. The Affidavit of Support can be found at <http://www.southalabama.edu/esl/applicationforms.html>.

**Signature of Applicant: I certify that the information listed on this application is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY. DO NOT WRITE IN THIS BOX.**

Revised 3.29.17

### **HEALTH INSURANCE AND IMMUNIZATION REQUIREMENTS**

1. All students are required to purchase health insurance from the University. More information can be found at <http://southalabama.edu/departments/studenthealth/international.html>.
2. All students are required to have two (2) doses of the Measles, Mumps, and Rubella immunization (MMR) and a Tuberculosis (TB) skin test **before** attending classes. Students living in on-campus housing are required to have the Meningitis vaccination as well. It is recommended to have these immunizations and test prior to arriving in the U.S. to avoid delays in enrollment. Information and forms for immunization and TB test requirements can be found at <https://www.southalabama.edu/departments/eforms/studenthealth/tuberculosiscreeningandimmunizationform-international.pdf>.
3. Please send the Tuberculosis Screening and Immunization Form, completed and signed by your home physician, to [usaesl@southalabama.edu](mailto:usaesl@southalabama.edu) prior to your arrival in the U.S.

### **HOUSING AND MEAL PLANS**

Students who wish to live in a residence hall on campus can apply for a private or double-occupancy room by visiting the Housing and Residence Life web site at <http://www.southalabama.edu/departments/housing/>. Applications should be submitted before arrival to USA ELC. Students living on campus will be required to purchase a campus meal plan.

Students wishing to live off campus can find information regarding apartment living at <http://www.southalabama.edu/departments/international/immigration/lifeinmobile.html>. Students living off campus can purchase an optional campus meal plan.

### **PAYMENT PROCEDURE AND REFUND POLICY**

Tuition and fees **must** be paid at the time of registration. USA ELC takes tuition and fee payments in the form of personal checks, cash, cashier's checks, bank checks, or credit card (Visa, MasterCard, Discover, American Express).

Tuition and fees will **not** be refunded after the first day of class.

## APPLICATION CHECKLIST

1. Complete, sign, date, and submit the USA ELC application form <http://www.southalabama.edu/esl/applicationforms.html> to [usaesl@southalabama.edu](mailto:usaesl@southalabama.edu).
2. Pay the non-refundable application fee of \$50 by check, money order, or credit card. **Cash is not accepted.** Payments by check or money order should be with a U.S. affiliate and made payable to the **University of South Alabama** in U.S. funds.

**To pay by credit card, complete the credit card payment information below and send your application to:**

Email: [usaesl@southalabama.edu](mailto:usaesl@southalabama.edu) or Fax: 251-460-7201

**To pay by check or money order, please mail your application, payment, and all supporting documents to:**

University of South Alabama English Language Center  
555 N. University Blvd. Alpha Hall East 224  
Mobile, Alabama 36688-0002 U.S.A.

### CREDIT CARD PAYMENT - \$50 Application Fee

MASTER CARD  VISA  DISCOVER  AMERICAN EXPRESS

Name on Card (Please print) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

CVV Code (3-digit PIN located on the back of card) \_\_\_\_\_

Signature of authorized cardholder \_\_\_\_\_

3. Provide proof of financial support (bank statement, bank letter, governmental financial guarantee, etc.) for at least the following amounts:
  - Student tuition and fees expenses: \$4,879 per term or \$24,195 per year
  - Dependent (spouse and/or child) expenses: \$2,000 for spouse and \$1,500 for each child

**\* Any financial sponsor(s) must:**

  - Provide a bank statement or bank letter in the amount of \$24,195 (for one year) plus \$2,000 for a spouse and/or \$1,500 for each child
  - Complete and sign the Affidavit of Financial Support <http://www.southalabama.edu/esl/applicationforms.html>
4. Submit a clear, legible copy of your passport info page for you and any accompanying dependents.

## TRANSFER STUDENTS

1. Complete all of the application procedures above.
2. Complete and submit the USA ELC Transfer In Clearance form <http://www.southalabama.edu/departments/eforms/international/index.html> **signed by your current institution's immigration office.** Registration and class attendance will not be permitted until the transfer is complete.

## How did you learn about the University of South Alabama ELC?

- USA ELC website
- U.S. Information Service
- Advertisement (please list publication name) \_\_\_\_\_
- Private Advising Agency (please list agency name) \_\_\_\_\_
- Family member (please list name of family member) \_\_\_\_\_