

APPLICATION FORM

TO APPLY PLEASE RETURN:

1. Your completed application. (Remember to sign and date your application.)
2. Proof of high school graduation or university attendance. **(Please provide an English translation.)**
3. A check for \$150.00 (U.S.) Application Fee. Check must be drawn on a U.S. bank and made payable to VCU-ELP. (This fee is non-refundable, under all circumstances and includes the fee for the Placement Test.)

Please remember that the ELP application process is separate from the University application process. Therefore, acceptance to the ELP does not guarantee acceptance to the University. If you are interested in academic study, please complete the Request for a University Application form in this brochure and return it to the ELP.

I. PERSONAL INFORMATION (Please print clearly)

1. Last (Family) Name: _____
2. First (Given) Name: _____
3. Date of Birth: _____ / _____ / _____
month day year
4. Male Female
5. U.S. Social Security Number or VCU Student Identification Number: _____

6. Country of Birth: _____
7. Country of Citizenship: _____

8. Permanent Mailing Address:

| | |
|------------------|------------------|
| Number & Street | Apartment Number |
| City | State |
| Country | Postal Code |
| Telephone Number | Fax Number |
| E-mail Address | |

9. Local Mailing Address:

| | | |
|----------------------|------------------|-------------|
| Number & Street | Apartment Number | |
| City | State | Postal Code |
| Telephone Number | Fax Number | |
| Name of U.S. Contact | Telephone Number | |

10. What is your educational objective in the United States? Check all that apply.

- Undergraduate Study Graduate Study
 English Language Study Only

11. What is your highest educational degree/diploma?

Degree _____ Year: _____

12. Have you applied to an undergraduate or graduate degree program at Virginia Commonwealth University?

Yes No

If yes when? _____

II. IMMIGRATION INFORMATION

1. Are you a U.S. citizen or Permanent resident?

Yes No

If yes, attach a copy of your naturalization certificate or green card.

2. Are you presently in the U.S.?

Yes No

If yes, what kind of U.S. visa do you have? _____

3. If you are applying from outside the U.S., you must receive an I-20 form from the VCU-ELP to obtain an F-1 student visa.

Do you wish to receive an I-20 form?

Yes No

*If you answered yes to number 3, complete the financial statement on back.

III. EXPRESS MAILING

Your I-20 documents will be express mailed; they will be delivered to you by an express company. You must list a street address in your permanent address information. **We cannot deliver to a Post Office Box.** If you provide an email address, your tracking information will be emailed to you upon shipping.

IV. CERTIFICATION Before signing this form, please read and check the (4) boxes next to the statements below:

- | | |
|--|--|
| <input type="checkbox"/> I have carefully read this application and understand it. | <input type="checkbox"/> I understand that payment for ELP class fees are due in full at registration. |
| <input type="checkbox"/> I understand that admission to the ELP is NOT admission to a degree program at VCU. | <input type="checkbox"/> I certify that all the information is true and correct to the best of my knowledge. |

X _____
Signature of Applicant

Date

Or

X _____
Signature of Authorized Contact

Date

Virginia Commonwealth University * English Language Program

817 West Franklin St., Room 221; P.O. Box 843043; Richmond, Virginia 23284-3043

Check the box beside **each** session you would like to attend.

| | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Term Fall I (August – October) | Application Deadline July 1 | <input type="checkbox"/> Term Spring II (March – May) | Application Deadline February 1 |
| <input type="checkbox"/> Fall II (October – December) | September 1 | <input type="checkbox"/> Summer (June – July) | March 15 |
| <input type="checkbox"/> Spring I (January – March) | November 1 | | |

FINANCIAL STATEMENT

This form is to be completed by applicants who want to study at the ELP on an F-1 (full-time) student visa. If you are a permanent resident or refugee, you do **NOT** need to complete this form.

The United States Immigration and Customs Enforcement (ICE) requires that all international students applying for a student (F-1) visa show proof of sufficient funds for the costs of their classes, fees and living expenses in the United States.

| EXPENSES Estimated Prices subject to change | 1 Session* (8 Weeks) | 2 Sessions (16 Weeks) | 1 Academic year or 4 Sessions (9 months) | *Each 8-week session includes 1 week of testing, advising, registration, orientation, and 6-7 weeks of instruction and activities. |
|---|---------------------------------|----------------------------------|---|---|
| ELP Class Fees (pricing based on 23 hours/week) Full-time ELP students attend class 20-28 hours per week. | 1,800.00 | 3,600.00 | 7,200.00 | **If family members will come with you, please estimate an additional \$1,250 per person for each ELP session you will be here. Total amount must be indicated and verified below. Please fill in dependent information below and provide a passport copy along with application. |
| Estimated Living Expenses (room, board, utilities and personal expenses.) | 2,200.00 | 4,400.00 | 9,900.00 | |
| Estimated Health Insurance (INS Required) | 160.00 | 320.00 | 720.00 | |
| Univ. Student Health Services on-campus medical facility (University Required) | 93.50 | 93.50 (During one semester) | 187.00 | |
| Estimated Books and Educational Supplies | 165.00 | 300.00 | 500.00 | |
| TOTAL YOU MUST SHOW ON BANK STATEMENT | \$4,418.50 | \$8,713.50 | \$18,507.00 | |

Please indicate below the amount and source of money available to pay for your classes, fees and living expenses in the U.S. *You must attach a bank statement for each entry, or supply a letter of verification from your government, bank or private source.*

| SOURCE (personal, family, government, other) | AMOUNT OF U.S. CURRENCY |
|---|--------------------------------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |

I certify that I have adequate funds for travel to and from the U.S. and that I shall not require additional financial assistance from Virginia Commonwealth University. I hereby certify that the above information is complete and accurate. I am fully aware that any false or misleading statement will result in the automatic denial of admission or enrollment.

X _____
Signature of student (required regardless of source of support)

X _____
Signature of sponsor (person responsible for payment)

****DEPENDENT INFORMATION**

| Last Name, First Name (as written on passport) | Date of Birth (Month, Day, Year) | Country of Citizenship |
|---|---|-------------------------------|
| | | |
| | | |
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