



## English Language for Academic Purposes Enrollment Application

### 1. Personal Information

Please type or clearly print your name exactly as it appears on your passport. (Include a copy of your passport photo page.)

Family/Last name/Surname \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Given / First Name(s) \_\_\_\_\_

Sex:  Male  Female

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

MM / DD / YY (e.g., JAN 01,19XX)

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

TOEFL or IELTS Score (if available): \_\_\_\_\_

#### Student's Permanent Address in Home Country

Street Address \_\_\_\_\_

City/Country/Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

#### Student's Current Address (if different from the above)

Street Address \_\_\_\_\_

City/Country/Postal Code \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### 2. ELAP Program Start Date

Please mark the date and enter the year when you would like to begin the ELAP program.

Fall: August \_\_\_\_\_ (year)

Spring: January \_\_\_\_\_ (year)

Summer: May \_\_\_\_\_ (year)

Are you applying for conditional admission to an academic program?

Yes  No

USF Academic Program Name \_\_\_\_\_

Undergraduate/Bachelor's  Graduate (Master's degree)

### 3. Information for I-20 and Visa

Do you need an I-20 to study in the US as an F-1 student?  Yes  No

Do you currently hold a US visa?  Yes  No Type \_\_\_\_\_

Are you currently attending another US institution?  Yes  No

Which one? \_\_\_\_\_

Are you transferring from another school in the US?  Yes  No

If so, will you be leaving the US before you begin studying at USF?

Yes  No

### 4. Financial Information

Students are required to show that they have enough financial support for the duration of their program.

I am enclosing a financial statement (bank statement or sponsor's Financial Guarantee).

I have signed the ELAP Affidavit of Support Form

Please contact [amaffeo@stfrancis.edu](mailto:amaffeo@stfrancis.edu) with any questions.

## 5. Health: Immunizations & Insurance

-Student must have health and liability insurance. Student health insurance is provided by USF.

-Students must show proof of all required immunizations before arrival at USF.

I understand and agree to the above.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

## 6. Referral

How/ from whom did you hear about our school?

\_\_\_\_\_

## 7. Additional Documents

Please submit the following documents with your application:

- Photo page of your passport
- Photo pages of any accompanying dependents' passports (spouse, children)
- Proof of financial support (bank statement or financial guarantee)
- Signed Affidavit of Financial Support (email [amaffeo@stfrancis.edu](mailto:amaffeo@stfrancis.edu) for this form)
- Any TOEFL/IELTS scores (if available)

## 8. Submitting Application

Please submit the completed application form and all of the required documents via e-mail to [amaffeo@stfrancis.edu](mailto:amaffeo@stfrancis.edu) or via mail:

Angie Maffeo, Director of International Programs Office (IPO)

University of St. Francis

500 Wilcox St.

Joliet, IL 60435, USA

Please call +1-815-740-3711 or e-mail [amaffeo@stfrancis.edu](mailto:amaffeo@stfrancis.edu) with any questions about the application.

## 9. Arrival Information

Students are required to arrive to the airport on the dates specified by the IPO Director. If you already know your flight information, please attach a detailed flight plan. *If you do not have the information at this time, please leave this blank and we will contact you for the information at a later date.*

## 10. Student Signature

*"I certify that the information I have provided on this application is true and correct to the best of my knowledge."*

Applicant's Name(Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Bigger thinking. Brighter purpose.**

500 Wilcox St. Joliet, Illinois, USA 60435 +1 800-745-7000 [stfrancis.edu](http://stfrancis.edu)