

Eastern University



APPLICATION CHECKLIST

STUDENT NAME: _____

Academic English & University Entrance

UNDERGRADUATE & ENGLISH _____

GRADUATE & ENGLISH _____

START DATE FOR ENGLISH _____ MAJOR AREA OF STUDY _____

This application package **must** include the following items:

1.	Application for Admission Form
2.	US\$150 application & Courier fees payable to ESLI
3.	Official Original Certified original school transcripts
4.	Official Original Certified School graduation diploma
5.	Sponsor's Financial Guarantee form, signed by sponsor
6.	Original Sponsor's Bank letter showing balance available
7.	2 letters of recommendation teacher/counselor & work reference or pastor
8.	Essay Question as noted in Section 4 of application
9.	Resume
10.	Study Plan
11.	ECE Application form and \$210 fee for Official Detailed Evaluation of Coursework for ALL Masters level applicants & Bachelor level applicants with prior college or university credits.
12.	Copy of student's passport
13.	Health Form
14.	On Campus Housing Application

AGENCY: _____

COUNSELOR: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

TEL: _____ FAX: _____

EMAIL: _____

Mailing Address:

ESLI

4528 Humphrey Hill Road
Sedro Woolley, WA 98284 USA

Tel: 360-724-0547

Fax: 360-724-0548

Email: esli@esli-intl.com



Eastern University International Application for Admissions

SECTION 1 OF 5: INFORMATION

I AM APPLYING FOR: August 20____ I INTEND TO: Live on Campus
 January 20____ Commute to Campus

ENTERING STATUS: First-Year Student Transfer Student

ESLI and Undergraduate Degree Program

ESLI and Graduate Degree Program

Intended Major area of study: _____

FULL NAME: _____
Last (Family) First Middle Maiden

Other name(s) which might appear on previous academic records _____

Home Address _____
(in home country) Street and number City State/Province

Postal code Country Telephone (with country code)

Current Mailing Address (if different) - _____

Email _____ How did you learn about Eastern University? _____

Date of Birth _____ Gender: Male Female Marital Status: Single Married
Month/Day/Year

Parents/Guardian who could be notified in case of an emergency: _____

Relationship _____ Address (if different from home address above) _____

Telephone _____

How would you describe yourself? (Please check one.) *Your response to this question is voluntary and will not be used in making an admission decision. This information is needed by the University and the government for statistical purposes.

Asian/Pacific Islander

Hispanic

White/Non-Hispanic

Black

American Indian/Alaskan Native

Non-Resident Alien

Country of Birth _____ Country of Citizenship _____

If not a U.S. Citizen, Do you have Resident status? No Yes Alien Registration number _____

If student currently in U.S.A. Date of Entry _____ Type of visa at entry _____

What institution issued the I-20 for your current visa? _____

Are you currently enrolled in the institution? Yes No Date I-20 expires _____

**Please send copies of any immigration / I-94 and related documents with your application*

SECTION 2 OF 5: EDUCATION INFORMATION

List in chronological order each school or institution you have attended, begin with secondary school and end with the present. Include each school or institution attended, the dates attended and the degree received. If you need additional space, use a separate page.

Name of School or Institution and Location	Type of School: Secondary, College, University, Etc.	Attended From – To (MM/Year– MM/Year)	Actual Name of Diploma, Degree or Certificate	Date Received

Have you ever withdrawn or been dismissed from an academic institution Yes No If yes please explain on a separate page

Have you taken the ACT / SAT? Yes No Were your scores sent to Eastern University? Yes No

SAT scores: Verbal_____ Math_____ Total_____ Test Date_____

ACT score:_____ Test Date_____

Have you taken the (TOEFL) Yes No TOEFL score_____

SECTION 3 OF 5: ADDITIONAL INFORMATION

Have you ever been convicted of a crime in the United States or any other country? Yes No
If yes please explain_____

SECTION 4 OF 5 ESSAY QUESTION

If you would like to tell us more about yourself, please complete the following question on a separate sheet of paper and attach when submitting application (maximum 1 page)

Describe an accomplishment in your life. What did it take for you to succeed? What did you learn about yourself from this experience?

SECTION 5 OF 5 SIGNATURE STATEMENT

Please read Eastern’s Doctrinal Statement and Standards of Conduct (attached).

DO YOU AGREE TO COMPLY WITH EASTERN’S STANDARDS OF CONDUCT AS LISTED? Yes No

I certify that the information which I have herein provided is true to the best of my knowledge and realize that any falsification of information may release the University from considering my application for admission or may lead to dismissal from the University at a later date.

SIGNATURE_____ DATE_____

Return all admissions materials to
Eastern University ESLI
4528 Humphrey Hill Road
Sedro Woolley, WA 98284 USA
Fax: 360-724-0548
Tel: 360-724-0547

DOCTRINAL STATEMENT

Eastern is committed to an evangelical and theologically conservative position and is dedicated to the Lord Jesus Christ.

Therefore, it is the rule for members of the faculty, administration, and Board of Trustees to subscribe annually to the doctrinal statement of Eastern University which reads:

SECTION I

We believe that the Bible, composed of the Old and New Testaments, is inspired of God and is of supreme and final authority in faith and life.

We believe in the supernatural as the vital element in the revelation and operation of the Christian faith.

We believe in one God eternally existing in three Persons—Father, Son, and Holy Spirit.

We believe that Jesus Christ was begotten of the Holy Spirit and born of the Virgin Mary, and that He is true God and true man and is the only and sufficient Mediator between God and humankind.

We believe in the personality of the Holy Spirit and that His ministry is to reveal Christ to humankind in the regeneration and sanctification of their souls.

We believe that man and woman were created in the image of God, and that they sinned and thereby incurred spiritual death.

We believe in the vicarious death of the Lord Jesus Christ for our sins, in the resurrection of His body and His ascension into Heaven, His personal and visible future return to the earth and that salvation is received only through personal faith in Him.

We believe that baptism is immersion of a believer in water, in the name of the Father and of the Son, and of the Holy Spirit; setting forth the essential facts in redemption—the death and resurrection of Christ; also essential facts in the experience

of the believer—death to sin and resurrection to newness of life; and the Lord's Supper is a commemoration of the Lord's death until He comes.

We believe that a New Testament church is a body of believers thus baptized, associated for worship, service, the spread of the Gospel, and the establishing of the Kingdom in all the world.

SECTION II

Every member of the Board of Trustees, every administrative officer of the institution, professor, teacher, and instructor shall annually subscribe over his or her signature to the foregoing Doctrinal Basis, excepting only that a non-Baptist individual occupying any of the foregoing positions shall not be required to subscribe to that part of the Doctrinal Statement regarding the mode of water baptism and to the definition of the New Testament church, as stated in subparagraph J of Section 1.

SECTION III

Whenever a member of the Board of Trustees, administrative officer, professor, teacher, or instructor is not in complete accord with the foregoing Doctrinal Basis (set forth in the preceding statements, Sections 1 and 2), he or she shall forthwith withdraw from the Board and all positions and connections with the University, and his or her failure to do so shall constitute grounds for his or her immediate removal from such positions by the Trustees.

Recognizing the validity of the Christian faith and dedicated to Christian living, the instructor is given freedom to pursue his or her studies and present his or her teaching as he or she wishes.

A non-Baptist faculty member shall not be required to subscribe to the statements regarding the mode of water baptism.

STANDARDS OF CONDUCT

As a Christian university and a Christian community, Eastern is concerned with establishing standards of conduct consistent with a Christian life-style. We believe these standards flow from biblical values and from our commitment to be witnesses to one another. We also believe these standards are in the best interest of each individual student as well as the community as a whole.

Believing that freedom is essential to Christian growth and maturity, the University limits its rules and regulations to those considered essential to the community's well being. The following are specific violations of University policy and will result in disciplinary proceedings:

1. All forms of dishonesty, including cheating, plagiarism, furnishing false information to the University, altering documents with the intent to defraud.
2. The use, sale, distribution, and/or the possession of marijuana and other illegal drugs.
3. The use of tobacco products. The campus is smoke-free.
4. The use or possession of alcoholic beverages on campus or in areas immediately adjacent to the campus, including Fenimore Woods and adjacent properties.
5. Returning to campus intoxicated.
6. Unauthorized visitation of members of the opposite sex in men's and women's residence halls.

Students who violate expectations and standards are accountable for their behavior. The principle of accountability is basic to providing a climate which encourages students to take responsibility for their own choices. Students can expect to be confronted, counseled, and when warranted, disciplined. In order to provide a climate of trust and trustworthiness, the University, through the Dean of Students, is committed to the principle of due process. Practices in disciplinary cases may vary in formality with the gravity of the offense and the sanctions applied. Students are expected to read and abide by the *Student Handbook*.

EASTERN UNIVERSITY
Sponsors Commitment of Finances Form

INSTRUCTIONS TO THE SPONSOR:

Thank you for your commitment to support financially the education of the following prospective student who has applied to Eastern University.

NAME OF PROSPECTIVE STUDENT _____

DEGREE PROGRAM *(to which the student is applying)* _____

This program is usually completed in _____ # years.

Please read the instructions below and complete the five steps. Please type or print in ink.

1. Provide information about yourself and the person you intend to support on the second page of this “Sponsor’s Commitment of Financial Support” form.
2. Indicate the specific amount of money (U.S. dollars) you will commit for each year of the student’s education on the same form. The length of the student’s degree program determines how many years of funding are necessary. This commitment is not just a formality on paper. Eastern University expects sponsors to pay their annual pledges starting a few months before the student’s arrival.
3. Please attach an official bank statement or other proof of assets to confirm the availability of the funds you are pledging.
4. Notarize both documents (“Sponsor’s Commitment of Financial Support” and Bank Statement) by obtaining an official stamp or seal from the appropriate bank officer of legal authority. In the U.S. please request this service from a public notary.
5. Submit these documents to the admissions office of Eastern University. We suggest you make copies for your records.
6. It is not necessary to return this sheet of instructions.

EASTERN UNIVERSITY
International Student Transfer Form

FOREIGN STUDENT:

This form is required of all international students who are transferring their visa to Eastern University. In addition to this form, we request you send copies of current I-20, visa, passport and I-94 forms. Please ask the Foreign Student Adviser at the school you currently attend, that is the school that holds your SEVIS record, to complete the information below. He or she should then send the form directly to:

Kathy Kautz de Arango, International Student Services
Eastern University
1300 Eagle Road, St. Davids, PA 19087
Tel. (610) 341-5870 Fax. (610) 341-1705 kkautz2@eastern.edu

Applicant's Full Name: _____ **Date of Birth:** _____

I authorize the transfer of my SEVIS record to Eastern University.

Signature: _____

FOREIGN STUDENT ADVISER:

The student named above is applying for admission to Eastern University. Would you kindly complete the requested information below and return it to the address above.

I-94 Admission No. _____ **Visa Type:** _____

Program end date on I-20: _____ **SEVIS No.** _____

Is the SEVIS record still valid or is it terminated/completed? _____

Is/was student pursuing a full course of study? _____

Any problems regarding the student's status with USCIS? (please explain)

I certify that to the best of my knowledge, the above information is correct.

Signature _____ **Date** _____

Name and Title (please print) _____

Institution _____

Address _____

Telephone No. _____ **Email** _____

SEVIS RECORD TRANSFER RELEASE DATE: _____

Eastern University, St. Davids, PA SEVIS ID# PHI214F00444000

Eastern University Student Standards of Conduct

As a Christian University and a Christian community, Eastern is concerned with establishing standards of conduct consistent with a Christian life-style. We believe these standards flow from biblical values and from our commitment to be witnesses to one another. We also believe these standards are in the best interests of each individual student as well as the community as a whole. Believing that freedom is essential to Christian growth and maturity, the University limits its rules and regulations to those considered essential to community well being. The following are specific violations of college policy and will result in disciplinary proceedings:

1. All forms of dishonesty, including cheating, plagiarism, furnishing false information or altering documents with the intent to defraud.
2. The use, sale, distribution, and/or the possession of marijuana and other illegal drugs. The improper use of prescription drugs.
3. The use of tobacco products. The campus is completely tobacco free.
4. The use or possession of alcoholic beverages on campus or in areas immediately adjacent to the campus, including area colleges and parks.
5. Inappropriate behavior including returning to campus drunk, intoxicated, or under the influence of alcohol, intimidation of others, threats, violations of the law on or off campus.
6. Unauthorized visitation of members of the opposite sex in men's and women's residence halls.

Students who violate these expectations and standards are accountable for their behavior. The principle of accountability is basic to providing a climate which encourages students to take responsibility for their choices and actions. Students can expect to be confronted, counseled, advised, and when warranted, disciplined. In order to provide a climate of trust and trustworthiness, the University, through the Dean of Students, is committed to the principle of due process for all students. Practices in disciplinary cases may vary in formality with the gravity of the offense and the sanctions to be applied. These items listed above represent a general overview of the student conduct standards at Eastern University. The Student handbook outlines these things in more detail.

To review the full Eastern University Student Handbook go to:

http://www.eastern.edu/campus/studev/StudentHandbook/Title_TableofContents.shtml

I have read the above statement and understand it. I agree to honor the student conduct code at Eastern University.

Signature _____

Date _____

HOUSING REQUEST AND CONTRACT
EASTERN UNIVERSITY
ESLI STUDENTS

Kindly read this document fully, fill out all information and sign both sides. **Return this to your recruiter or representative with all your other materials.** If you are accepted into the program, this form will be sent to Eastern University and housing will be held for you. We look forward to seeing you in America!

Please acknowledge the following:

- ✓ I have accepted admission to ESLI through Eastern University and request to be placed in housing beginning at the time of my arrival for ESLI at Eastern University.
- ✓ I have read and understand the student code of conduct and agree to live under the guidelines of the University. (See reverse and sign after reading.)
- ✓ I understand that I can request, in order of preference below, certain types of housing that have different costs. I understand that I will be placed according to the housing options that are available at the time that I am accepted into the ESLI program.
- ✓ Once I move into housing, I understand that I must pay both room and board for the remainder of the full academic term, even if, for any reason, I move out early.
- ✓ I know that my medical history, immunization record, and evidence of a physical in the past year must be received by ESLI 30 days prior to the day I arrive to move into University housing.
- ✓ If my schooling or housing plans change after this form is returned I understand that I must notify ESLI directly in writing.
- ✓ I know that a full meal plan is required for all ESLI students in housing.

For all housing questions, please contact esli@esli.intl.com.

ROOM CHOICE

Please make your room choices by placing the number 1 (first choice) to 4 (last choice) in front of the room type listed. Room types are listed in order of *least expensive to most expensive*.

___ Basic Rate Room - One to three roommates share a bathroom with other students on the hall.

___ Suite - One to three roommates who share a semi-private, bathroom located in the suite.

___ Suite with private living area – Same as suite except there is a living room within the suite.

___ Single Room – (Very few available) A *Single Room Fee* is added to the room type charges.

___ Mark X here if you would like us to choose a room for you.

To help with my room placement: Indicate yes or no, answer the question or circle the right answer.

I am: Male Female **I am:** _____ years old. My birthday is: Month _____ Day _____ Year _____

I need to keep my living area VERY neat: Yes I do. No I do not. A messy room does not bother me.

I have allergies or disabilities. No Yes: Describe _____

When I am not studying I like to spend my time: _____

I have a talent or hobby it is: _____

Name (print) _____

Signature _____ **Date** _____

EASTERN UNIVERSITY ~ HEALTH CENTER



Pre-Entrance Health Record Requirements for International Students

PLEASE ATTEND TO THIS IMMEDIATELY YOU CANNOT BE ADMITTED/REGISTERED AND YOUR ENROLLMENT IS NOT COMPLETE UNTIL THIS REQUIREMENT IS MET.

Attached are the required health forms for full-time, International Students at Eastern University. Universities in the United States are required to secure documents concerning health and immunizations for all students. Although this information is required, it remains confidential to the Eastern University Health Center.

It is essential that you have these forms completed by your physician or Health Care Provider as soon as possible and return them to the address below, promptly.

ESLI
4528 Humphrey Hill Road
Sedro Woolley, WA 98284 USA

Forms and information needed:

1. Health History FORM
Must be filled out in full.

2. Physical Exam FORM

The exam must be recent (within the past six months) and signed by a medical professional with contact information listed. Chest XRay Report This must be dated within the last six months and written in English.

3. Proof of Immunizations FORM

Must include the following with accurate dates of administration:

Varicella (chicken pox) Indicate date of disease or vaccination (2 doses)

Tetanus booster-Date must be within 10 years

Measles, Mumps, Rubella (2 doses)

Hepatitis B (3 doses)

Limiting the spread of tuberculosis is of particular concern in the US. If you are currently working or have worked in any healthcare field as a nurse or other healthcare worker at any time, BLOOD TITERS written in English ARE REQUIRED. A PPD skin test will be administered by the Health Center at the University to all students upon arrival as a follow-up. If you have recent, dated chest x-rays, you are encouraged to bring a report, written in English with you to the Health Center when you come.

These documents **must be returned** to ESLI a minimum of one month prior to the term start date. Failure to submit these documents may cause an I-20 to be revoked and unable to register. Faxed documents are accepted to meet deadlines; however originals should be brought with you if you fax them.

Health Insurance is required of all International Students

Personal Health Insurance with a minimum coverage level of \$50,000 is required to insure adequate medical care as needed during your time as a student at Eastern. All students are automatically billed for medical insurance provided by Eastern University.

You can view the Eastern University Student Health Insurance program and policy on the web at: http://www.eastern.edu/centers/health_center/forms/brochure2007.pdf

We eagerly look forward to welcoming you when you arrive for your studies with us.

Sincerely,

Judith Cocking, RN, M.Ed.
Director Student Health Center

EASTERN UNIVERSITY

1300 EAGLE ROAD, ST. DAVIDS, PA 19087-3696

Term: F_ Sp_ Su_ year_200__

To the Student:
YOU HAVE BEEN ACCEPTED TO EASTERN UNIVERSITY. Information you provide here will not be used to influence your situation at the University but will be used as an aid to providing necessary health care while you are a student. This information is strictly for the use of Student Health Services and will not be released to anyone without your knowledge and consent except in emergency situations. **Complete this form, have your doctor sign it and return this form by mail to ESLI Student Health Services, Eastern University, by mail or FAX it to : 360-724-0548**

LAST NAME (Print) _____ FIRST NAME _____ MIDDLE INITIAL _____
 SOCIAL SECURITY NO. _____

Home Address: _____ DOB: _____

Home Phone _____ Emergency Phone _____ Cell Phone _____

FAMILY HISTORY

	Age	State of Health	Occupation	Age/Cause of Death
Father				
Mother				
Brother(s)				
Sister(s)				

Have any of your relatives ever had any of the following:

	Yes	No	Relationship
Diabetes			
Heart Disease/Stroke/High Blood Pressure			
Cancer			
Asthma/Allergies			
Tuberculosis			
Alcohol/Drug Problem			
Depression			

PERSONAL HISTORY – ANSWER ALL QUESTIONS – Please comment on all “yes” answers.

<table border="1"> <thead> <tr> <th>Have you had?</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Chicken Pox</td><td></td><td></td></tr> <tr><td>Measles</td><td></td><td></td></tr> <tr><td>German Measles</td><td></td><td></td></tr> <tr><td>Mumps</td><td></td><td></td></tr> <tr><td>Mononucleosis</td><td></td><td></td></tr> <tr><td>More than 10 lb. weight gain or loss in past year</td><td></td><td></td></tr> <tr><td>Females: menstrual problems</td><td></td><td></td></tr> </tbody> </table>	Have you had?	Yes	No	Chicken Pox			Measles			German Measles			Mumps			Mononucleosis			More than 10 lb. weight gain or loss in past year			Females: menstrual problems			<table border="1"> <thead> <tr> <th>Have you had?</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Dental problems</td><td></td><td></td></tr> <tr><td>Eye problems</td><td></td><td></td></tr> <tr><td>Ear, nose, throat problems</td><td></td><td></td></tr> <tr><td>Asthma</td><td></td><td></td></tr> <tr><td>Penicillin allergy</td><td></td><td></td></tr> <tr><td>Sulfa allergy</td><td></td><td></td></tr> <tr><td>Other allergies</td><td></td><td></td></tr> </tbody> </table>	Have you had?	Yes	No	Dental problems			Eye problems			Ear, nose, throat problems			Asthma			Penicillin allergy			Sulfa allergy			Other allergies			<table border="1"> <thead> <tr> <th>Have you had?</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Head injury or Concussion</td><td></td><td></td></tr> <tr><td>Epilepsy/ seizures</td><td></td><td></td></tr> <tr><td>Migraines</td><td></td><td></td></tr> <tr><td>Anxiety or depression</td><td></td><td></td></tr> <tr><td>Sleep difficulty</td><td></td><td></td></tr> <tr><td>Eating disorder</td><td></td><td></td></tr> <tr><td>Alcohol/drug problem</td><td></td><td></td></tr> <tr><td>Learning disability</td><td></td><td></td></tr> </tbody> </table>	Have you had?	Yes	No	Head injury or Concussion			Epilepsy/ seizures			Migraines			Anxiety or depression			Sleep difficulty			Eating disorder			Alcohol/drug problem			Learning disability			<table border="1"> <thead> <tr> <th>Have you had?</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Diseases/injury of joints</td><td></td><td></td></tr> <tr><td>Back problems</td><td></td><td></td></tr> <tr><td>Heart trouble/high blood pressure</td><td></td><td></td></tr> <tr><td>Stomach/intestinal problems</td><td></td><td></td></tr> <tr><td>Liver or kidney problems</td><td></td><td></td></tr> <tr><td>Skin problems</td><td></td><td></td></tr> <tr><td>Tumors or cysts</td><td></td><td></td></tr> <tr><td>Cancer</td><td></td><td></td></tr> <tr><td>Diabetes</td><td></td><td></td></tr> </tbody> </table>	Have you had?	Yes	No	Diseases/injury of joints			Back problems			Heart trouble/high blood pressure			Stomach/intestinal problems			Liver or kidney problems			Skin problems			Tumors or cysts			Cancer			Diabetes		
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List other allergies here: _____																																																																																																												

Check One	Yes	No
Do you drink alcohol?		
Do you smoke cigarettes, cigars or use smokeless tobacco?		
Do you take medications on a regular basis? (List)		
Has your physical activity been restricted during the past five years? (Explain)		
Have you received treatment or counseling for alcohol or drug abuse, an eating disorder, depression or any other emotional problem? (Explain) Have you ever been hospitalized for any of the above?		
Have you had any significant illness or injury for which you have been treated or hospitalized other than already mentioned? (Explain)		
Do you have any questions in regard to your health, family history, or other matters:		

HEALTH INSURANCE INFORMATION – All students are required to have health insurance.

1. Health Insurance Company _____
2. Policy Holder's Name _____
3. Policy # _____ Group # _____

PHYSICAL EXAMINATION BY A DOCTOR

TO THE EXAMINER: PLEASE REVIEW THE STUDENT'S HISTORY (reverse) AND COMPLETE THE PHYSICAL EXAMINATION AND IMMUNIZATION RECORD. PLEASE COMMENT ON ALL "YES" ANSWERS.

Blood Pressure _____ Pulse _____ Height in inches ____ Weight _____ lbs.

Are there abnormalities in the following systems?
answers.

Describe fully. Comment on all positive

System **Abnormalities?**

Use additional sheet if needed.
COMMENTS

System	Abnormalities?	
	Yes	No
Head, Ears, Nose, Throat		
Eyes		
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neurological		
Skin		
Psychiatric (current or past)		

Is the patient under treatment for any medical or emotional condition? Yes ____ No ____

Diagnosis or condition: _____

Is the patient currently taking any medication on a regular basis? Yes ____ No ____

List medications: _____

Is there a loss of or seriously impaired function of any organ? Yes ____ No ____

Describe: _____

Recommendations for physical activity:(sports, physical education) Yes ____ No ____

Explain: _____

Do you have any recommendations for the care of this student? Yes ____ No ____

Explain: _____

HEALTH CARE PROVIDER NAME (print) _____

ADDRESS _____
 _____ **PHONE** _____

Health Care Provider's Signature _____
DATE _____

EASTERN UNIVERSITY

Health Center

PART I

Name _____
Last Name First Name

Address _____
Street City State Zip

Date of Entry / / M Y Date of Birth / / M D Y Social Security Number / / - / / - / /

Status Part-time _____ Full-time _____ Graduate _____ Undergraduate _____ Professional _____

PART II - TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

A. M.M.R. (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health sciences students.)

1. Dose 1 given at age 12 months or later..... #1 / /
M D Y
2. Dose 2 given at least 28 days after first dose..... #2 / /
M D Y

B. POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): #1 / / #2 / / #3 / /
M D Y M D Y M D Y
2. IPV/OPV sequential: IPV #1 / / IPV #2 / / OPV #3 / / OPV #4 / /
M D Y M D Y M D Y M D Y
3. IPV alone (injected Salk four doses): #1 / / #2 / / #3 / / #4 / /
M D Y M D Y M D Y M D Y

C. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes _____ No _____ or Birth in U.S. before 1980 Yes _____ No _____
2. Varicella antibody / / M D Y Result: Reactive _____ Non-reactive _____
3. Immunization
 - a. Dose #1 #1 / /
M D Y
 - b. Dose #2 given at least 12 weeks after first dose ages 1-12 years #2 / /
and at least 4 weeks after first dose if age 13 years or older. M D Y

D. TETANUS-DIPHTHERIA-PERTUSSIS

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years. Health sciences students with patient contact should receive on dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details.)

1. Primary series of four doses with DTaP, DTP, DT, or Td:
#1 / / #2 / / #3 / / #4 / /
M D Y M D Y M D Y M D Y
2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible). / /
M D Y
3. Booster: Td within the last ten years..... / /
M D Y

(continued)

IMMUNIZATION RECORD (CONTD.)

E. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)

Immunization (HPV)

a. Dose #1 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

b. Dose #2 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

c. Dose #3 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

F. INFLUENZA

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; license for healthy, non-pregnant persons age 5-49 years old. Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

$\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

$\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

$\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

$\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

TIV ___ LAIV ___

TIV ___ LAIV ___

TIV ___ LAIV ___

TIV ___ LAIV ___

TIV ___ LAIV ___

G. HEPATITIS A

1. Immunization (hepatitis A)

a. Dose #1 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

b. Dose #2 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

b. Dose #2 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

c. Dose #3 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

H. HEPATITIS B

(All college and health science students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)

a. Dose #1 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

b. Dose #2 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

c. Dose #3 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

Adult Formation ___ Child Formation ___

Adult Formation ___ Child Formation ___

Adult Formation ___ Child Formation ___

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

b. Dose #2 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

c. Dose #3 $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

3. Hepatitis B surface antibody

Date $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

Result: Reactive ___ Non-reactive ___

I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risk groups.)

Date $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

J. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135 / One dose – for college freshman living in college dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetavalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

Tetavalent polysaccharide (acceptable if conjugate not

available; revaccinate ever 3-5 yrs. if increased risk continues): Date $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$ $\frac{\quad}{M} \frac{\quad}{D} \frac{\quad}{Y}$

(continued)

IMMUNIZATION RECORD (CONTD.)

K. TUBERCULOSIS SCREENING ¹ (done within 6 months of entry)

Tuberculin Skin Test:

Date Given: / /
 M D Y

Date Read: / /
 M D Y

Result: _____ (Record **actual mm** or induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): positive _____ negative _____

Chest x-ray (required if tuberculin skin test is positive) result: normal _____ abnormal _____

Date of chest x-ray: / /
 M D Y

HEALTH CARE PROVIDER

Name _____ Address _____

Signature _____ Phone (____) _____

¹ The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/.

² Categories of high-risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemia or lymphomas, low body weight, gastrectomy, and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.



EDUCATIONAL
CREDENTIAL
EVALUATORS

APPLICATION FOR EVALUATION OF FOREIGN EDUCATIONAL CREDENTIALS

Address: P.O. Box 514070
Milwaukee WI
53203-3470 USA
Phone: 414.289.3400
Fax: 414.289.3411
Website: www.ece.org
Email: eval@ece.org

1. Person whose educational credentials are to be evaluated

Print clearly in black or blue ink

Name _____
(print last or family name) (print first name) (print middle name)

_____ E-Mail address _____
(print previously used names)

Applicant's direct-mailing address _____
ESLI _____ 4528 Humphrey Hill Road _____
(in care of) (number & street) (apt.)

_____ Sedro Woolley, WA _____ 98284 _____ USA _____
(print city & state) (zip or postal code) (country)

Tel. Day: (_360_) _724-0547 _____ Tel. Evening: (_____) _____ Fax: (360) _724-0548 _____

Birthdate: day _____ month _____ year _____ In what country were the educational institutions located? _____

Male Female Has this person submitted credentials to ECE before? No Yes If yes, Reference Number assigned: _____

Have arrangements been made to have a foreign educational institution mail credentials directly to ECE? No Yes

If yes, how is your name spelled on these credentials? _____

2. Types of evaluation reports & services

3. Purpose of evaluation Check (✓) all that apply

Check (✓) the type of evaluation report needed and fill in the amount.

General \$85 _____

General with 1-day rush service \$270 _____
includes *General* report fee and courier delivery

* Course-by-Course \$140 _140.00_

Subject Analysis \$175 _____

Catalog Match \$225 _____

Health Professions Licensure \$250 _____

Check (✓) the additional services needed and fill in the extra amount.

Rush Service (check one)

* 5 Business days (*instructions p. 3*) \$80 _____ 80.00_

12 Business days (*instructions p. 3*) \$45 _____

Extra copies of evaluation report \$10 each x _____ = _____

Unofficial copy sent via fax: \$10 _____
Fax number _____ - _____ - _____

Courier Delivery to: Address in item 1 _____
(US and Canada - \$35)

(International - \$50) Address in item 4 _____

TOTAL _\$220.00_

Method of Payment

Check or Money Order enclosed payable to ECE

VISA MASTERCARD Exp. Date _____

Card # _____

Cardholder's Signature _____

Cardholder's name (please print) _____

Billing Address (if different from item 1) _____

Further education:

Freshman Undergraduate or Transfer Graduate

Field of Study _____

Desired Institution(s) _____

Professional Licensure
State: _____ Profession: _____

Employment Immigration


Military Other: _____

4. Evaluation report mailing instructions

* Mail both copies of the evaluation report to the mailing address in item 1 above.

Mail one copy of the evaluation report to the address in item 1 above, and one copy to the address below.
(If you list more than one address below, a \$10 copy fee is required for each extra address. Attach an additional sheet if necessary.)

Check here if additional addresses are on a separate sheet.



5. Educational history

List all educational institutions attended, beginning with the first year of primary school and ending with the last year of education (including the school in which you are currently enrolled, if any). Print the name of each certificate, diploma, or title in English **and** in the native language. Add additional sheets if necessary.

Name of Institution	City & Country	Dates of Attendance		Name of Diploma, Certificate or Title awarded (if any)
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FEES

Payment must be made in U.S. dollars by money order, check, or credit card (Visa or Mastercard). If the money order or check is issued by a bank outside of the U.S., it must contain the printed name of the U.S. bank with which the bank is affiliated. We cannot accept bank drafts or cash.

All fees are subject to change without notice.

REFUNDS

A refund will be made only when an applicant has paid to ECE more than the cost of the evaluation report prepared by ECE. No refund will be made when an application is canceled after the application form has been submitted, or when all required documentation is not provided.

OTHER IMPORTANT INFORMATION

ECE reserves the right to contact educational and governmental institutions and agencies for additional information and/or verification of the authenticity of the credentials submitted.

ECE guarantees that each evaluation report will be prepared by its qualified professional staff.

Equivalency conclusions stated in the evaluation report reflect the judgment of ECE based on in-depth research of applied comparative education.

If ECE determines that the education completed is not the equivalent of credit course work offered by a regionally-accredited postsecondary institution in the United States, a *General* evaluation report will be prepared. If a *Course-by-Course*, *Subject Analysis*, *Catalog Match*, or *Health Professions Licensure* report was requested, the difference in cost between the report requested and a *General* report will be refunded.

Education is dynamic, and changes occur in all countries. ECE's ongoing research may identify new equivalents for certain credentials from other countries, resulting in different statements of equivalence than were provided prior to the completion of such research. It is understood that all previous evaluation reports will have been based on the best information available to professionals in applied comparative education in the United States at that time. If copies of an evaluation report are requested at a later time, ECE has no obligation to review or revise the report in accordance with any changes that may have occurred in the interim.

6. Certification

- I certify that all of the information provided on the application is complete and correct to the best of my knowledge.
- I certify that I have read all of the information appearing on the application and instructions, and that I accept the terms and conditions stated therein.
- I understand that evaluation reports prepared by Educational Credential Evaluators, Inc. are advisory, and are not binding on any institution, organization, or agency which may use them.
- I release Educational Credential Evaluators, Inc. from any liability for damages resulting from the use of an evaluation report by me or any third party.
- I release Educational Credential Evaluators, Inc. from any liability for damage to or loss of any documents submitted.
- I understand that the information provided by Educational Credential Evaluators, Inc. on the application and instructions is subject to change without notice.
- I understand that if false information or forged, altered, or falsified documents are submitted to ECE at any time, no evaluation report will be prepared, no refund will be made, the designees for copies of the report will be notified, and the information will be shared with academic institutions, government agencies, professional organizations and other evaluation services.

This application creates a contract between Educational Credential Evaluators, Inc. and the person who has signed the application. If the signer is not the person whose educational credentials are being submitted for evaluation, the act of signing certifies that the signer is acting on behalf of the person whose educational credentials are involved, and has the authority to do so.

 Signature _____ Today's date _____

(signature is required in order to process this request for an evaluation report)

Name (Printed) _____

If you are not the person whose educational credentials are being submitted for evaluation, what is your relationship to that person?

Educational Credential Evaluators, Inc.
P.O. Box 514070
Milwaukee WI 53203-3470 USA

Type of Report	Includes...	Suggested for...
General	<ul style="list-style-type: none"> Each educational credential and its U.S. equivalent Grade average if the purpose is further education 	<ul style="list-style-type: none"> Further education (freshman or graduate) Immigration Employment American Dental Association, Joint Commission on National Dental Examinations
Course-by-Course	<ul style="list-style-type: none"> Each educational credential and its U.S. equivalent Each postsecondary course U.S. equivalent credits and grades for each postsecondary course Grade average Identification of upper level courses 	<ul style="list-style-type: none"> Further education (undergraduate or transfer) Employment Professional Licensure
Subject Analysis	<ul style="list-style-type: none"> Each educational credential and its U.S. equivalent Each postsecondary course U.S. equivalent credits and grades for each postsecondary course Information regarding course content specified by the agency or institution requiring the report Grade average Identification of upper level courses 	<ul style="list-style-type: none"> Further education (undergraduate or transfer) Professional licensure <p><i>This type of report can be prepared only when ECE received specific instructions from the agency or institution that requires it.</i></p>
Catalog Match	<ul style="list-style-type: none"> Each educational credential and its U.S. equivalent Each postsecondary course U.S. equivalent credits and grades for each postsecondary course Match of each postsecondary course to a U.S. university course catalog code Grade average Identification of upper level courses 	<ul style="list-style-type: none"> Further education (undergraduate or transfer) <p><i>This type of report can be prepared only when ECE has received specific instructions from the institution that requires it. Only two copies of the report can be prepared: one for the applicant and one for the institution</i></p>
Health Professions Licensure	<ul style="list-style-type: none"> Each educational credential and its U.S. equivalent Each postsecondary course U.S. equivalent credits and grades for each postsecondary course Categorization of each postsecondary course according to guidelines specified by health professions licensing boards 	<ul style="list-style-type: none"> American Society of Clinical Pathologists

ADDITIONAL SERVICES

Rush service - in addition to the basic fee:

- 1-Business day:** Available for *General* reports only. *1-day Rush* reports are completed one Business day following receipt of all required documents. **Includes cost of general report and courier delivery to address in item 4.**
- 5-Business days:** Available for *General, Course-by-Course, Subject Analysis, Catalog Match,* and *Health Professions Licensure* reports. *5-day Rush* reports are completed within **5 business days** following receipt of all required documents.
- 12-Business days:** Available for *General, Course-by-Course, Subject Analysis, Catalog Match* and *Health Professions Licensure* reports. *12-day Rush* reports are completed within **12 business days** following receipt of all required documents.
- Allow for reasonable mailing time if courier delivery is not requested.**

Extra Copies - Two copies of the evaluation report are included in the report fee. Additional copies requested with the initial application cost \$10 each. Copies requested after the report has been prepared cost \$30 for the first copy and \$10 for each additional copy ordered at that time. Copies may be requested by the person who paid for an evaluation report, or by the person whose credentials were evaluated. ECE reserves the right to deny a request for a copy of an evaluation report after the report has been prepared. Extra copies of Catalog Match reports are not available.

Courier Delivery - If you submit original documents and would like them returned via courier, please submit an additional \$35 for courier delivery to the US and Canada or \$50 for international courier delivery and special handling. **If you do not request this service, we will return your original documents via regular mail.**

FREQUENTLY ASKED QUESTIONS

What if I'm not sure what type of report to request?

Contact us and we will help you determine what type of report to request.

What if I submit insufficient documentation?

We will contact you if we need additional documentation to prepare your evaluation report.

What if it takes me a long time to collect the additional documents that you request?

We will keep your application active for six months, but you may request an extension. If we don't hear from you within six months, we will inactivate your application. There is a \$60 re-activation fee. If an application is inactive for six months, all documentation will be discarded. **After that date, all documentation and a new evaluation fee are required.**

Will you return my documents?

ECE will return original documentation sent in response to the instructions in item **A** of **Required Documentation** (on the next page), and any other original documentation specifically requested by ECE. You may request courier delivery for their return. All non-original documents, documents issued directly to us by academic institutions, original curricula and syllabi, and all photocopies become ECE's property and will not be returned.

How long will it take to prepare my evaluation report?

Most reports are prepared within three weeks of receiving all required documentation. If you need it sooner, you may request rush service for an additional fee.

What if I have questions about my evaluation report after it is prepared?

Write, email, fax or phone us if you have any questions. There is no fee to review your evaluation report within six months of the date it was prepared. After six months, there is a \$60 re-activation fee.

What if I don't include all of my education and decide at a later date that I want it added to my report?

There is a \$350 re-evaluation fee for evaluating academic work not included with the initial application form.

What if I need two different types of evaluation reports?

If two different types of evaluation reports are requested (at the same time or at different times), two evaluation fees are required.

PLEASE DETACH THIS PAGE AND KEEP THE INSTRUCTIONS SECTION FOR YOUR RECORDS.

REQUIRED DOCUMENTATION

At any time during the evaluation process, ECE reserves the right to request the following: Original documents; documents to be sent directly to ECE by issuing institutions; and/or a plan of studies that includes the units, credits, or number of hours of instruction for each subject.

- A. All official educational credentials issued in the official language of the country, beginning with the final year of secondary school (diploma, certificate, degree, title, transcript, grade report, study book or statement of marks). Follow the instructions in the table below.
- B. **Photocopies of English translations.** You may prepare the translations yourself, as long as they are complete, literal, word-for-word, and in the same format as the original document. **No English translations will be returned.**
- C. **Subject Analysis, Catalog Match and Health Professions Licensure reports** require a syllabus or other type of course descriptions to be submitted for all postsecondary academic subjects.
- D. Some institutions require original documents to be submitted directly to ECE. Please check with the institutions for specific documentation requirements.

	One set of photocopies of all official documents, issued in English.	All original official documents, issued in English, and one complete set of photocopies.	All original documents in the official language of the country, one complete set of photocopies and photocopies of English translations.	All documents must be mailed directly to ECE from the issuing institution via the regular postal service. Documents sent via courier delivery will not be accepted.
Afghanistan		■		
Bahrain	■			
Bangladesh		■		
Bulgaria			■	
Cambodia		■		
Cameroon		■		
Canada				■
Democratic Republic of the Congo (Former Zaire)			■	
Egypt	■			
Eritrea		■		
Ethiopia		■		
Ghana				■
Greece			■	
Haiti			■	
India	■			
Iran			■	
Iraq		■		
Israel	■			
Japan	■			
Jordan	■			
Kenya	■			
Korea	■			

	One set of photocopies of all official documents, issued in English.	All original official documents, issued in English, and one complete set of photocopies.	All original documents in the official language of the country, one complete set of photocopies and photocopies of English translations.	All documents must be mailed directly to ECE from the issuing institution via the regular postal service. Documents sent via courier delivery will not be accepted.
Kuwait	■			
Liberia		■		
Malaysia	■			
Myanmar		■		
Nigeria				■
Oman	■			
Pakistan		■		
Philippines		■		
Puerto Rico				■
Qatar	■			
Saudi Arabia	■			
Sierra Leone				■
Singapore	■			
Somalia			■	
Sri Lanka	■			
Sudan		■		
Taiwan	■			
Tanzania	■			
Thailand	■			
Uganda	■			
United Arab Emirates	■			
Vietnam			■	
Yemen	■			

If you studied in a country not listed in this table, then submit clear and legible photocopies of original documents with English translations.



USA



CANADA

Eastern University
 McNeese State University
 New Mexico Tech
 Texas A&M University – Corpus Christi
 University of Southern Indiana
 West Texas A&M University
 Western Kentucky University
 Bowling Green Community College at
 Western Kentucky University

4528 Humphrey Hill Road
 Sedro Woolley, WA 98284

Email: esli@esli-intl.com
 Website: www.esli-intl.com

TEL: 360-724-0547
 FAX: 360-724-0548

Trinity Western University
 Langley, British Columbia

Redeemer Pacific College
 Langley, British Columbia

ESLI

CREDIT CARD AUTHORIZATION

NAME OF STUDENT: _____

I authorize ESLI to debit on my credit card details as follow:

CREDIT CARD HOLDER: _____

() MASTERCARD () VISA () AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

SECURITY CODE (3 digits): _____

EXPIRATION DATE: _____

ZIP CODE: _____

The amount of \$ _____

That refers to the payment of the enrollment fee at the ESLI Language Center.

 Credit Card Holder's Signature

 City, and Date