

# Texas A&M University – Corpus Christi

A Member of Texas A&M University System



## 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.	International Student 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.	3 letters of recommendation (required for graduate apps)
8.	Study plan (300-500 words for graduate apps)
9.	Resume (required for MPA, MBA, and MAcc apps)
10.	FCSA Application form and \$110 fee for Official Detailed Evaluation of Coursework for <b>ALL Masters</b> level applicants & <b>Bachelor level applicants with prior college or university credits.</b>
11.	Copy of student's passport
12.	On Campus Housing Application
13.	TAMUCC Immunization Form (required for registration)

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](mailto:esli@esli-intl.com)

TEXAS A&M UNIVERSITY - CORPUS CHRISTI  
UNDERGRADUATE INTERNATIONAL STUDENT  
APPLICATION FOR ADMISSION

Return all admission material to:  
TAMUCC ESLI  
4528 Humphrey Hill Road  
Sedro Woolley, WA 98284

For more information concerning the admission process, telephone (360)-724-0547 or fax (360) 724-0548.

**NOTE:** A non-refundable evaluation/application fee is required with each application.

Semester and year admission is desired: Semester \_\_\_\_\_ Year \_\_\_\_\_

U.S. Social Security number \_\_\_\_\_

Name \_\_\_\_\_  
last (family) first middle maiden

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

Permanent address  
in home country \_\_\_\_\_  
street and number city state zip code country

Telephone number (with country code) \_\_\_\_\_ E-mail address \_\_\_\_\_

Current  
mailing address \_\_\_\_\_  
street and number city state zip code country

Telephone number (with country code) \_\_\_\_\_ E-mail address \_\_\_\_\_

Birth date \_\_\_\_\_ Marital status: single \_\_\_\_\_ married \_\_\_\_\_ Gender: male \_\_\_\_\_ female \_\_\_\_\_  
month/day/year

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

If you come to the United States, will your spouse and/or children come with you? yes \_\_\_\_\_ no \_\_\_\_\_

**Students Currently in U.S.A.:** Date of entry \_\_\_\_\_ Type of visa at entry \_\_\_\_\_ I-20 Admission number \_\_\_\_\_

Passport number \_\_\_\_\_ Passport issued by \_\_\_\_\_ Passport valid until \_\_\_\_\_

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

Are you currently enrolled in the institution? yes \_\_\_\_\_ no \_\_\_\_\_ Date I-20 expires \_\_\_\_\_

**EDUCATIONAL DATA**

Intended major at Texas A&M University - Corpus Christi \_\_\_\_\_

Type of degree you are seeking: bachelor's degree \_\_\_\_\_ ESLI only \_\_\_\_\_

Have you taken the ACT/SAT? yes \_\_\_\_\_ no \_\_\_\_\_ Were your scores sent to TAMUCC? yes \_\_\_\_\_ no \_\_\_\_\_

SAT scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Total \_\_\_\_\_ Test date \_\_\_\_\_

ACT score: \_\_\_\_\_ Test date \_\_\_\_\_

Have you taken the GRE/GMAT? yes \_\_\_\_\_ no \_\_\_\_\_ Were your scores sent to TAMUCC? yes \_\_\_\_\_ no \_\_\_\_\_

GRE scores: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_ Test date \_\_\_\_\_

GMAT total score: \_\_\_\_\_ Test date \_\_\_\_\_

Have you taken the Test of English as a Foreign Language (TOEFL)? yes \_\_\_\_\_ no \_\_\_\_\_ (TAMUCC requires a TOEFL score of 550 for undergraduate students, 550 for graduate students.)

Has your official TOEFL score been sent to TAMUCC? yes \_\_\_\_\_ no \_\_\_\_\_ Score \_\_\_\_\_ Test date \_\_\_\_\_

What is your native language? \_\_\_\_\_ Other languages \_\_\_\_\_

**Intensive English Students:** Intensive English program only \_\_\_\_\_ Intensive English and degree program \_\_\_\_\_

ESLI start date \_\_\_\_\_ Are you currently enrolled in an intensive English language program? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, where? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

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 degrees received. If you need additional space, use a separate sheet of paper.

Name of School or Institution and Location	Type of School: Secondary, College, University, Etc.	Attended From – To Month/Yr – Month/Yr	Actual Name of Diploma, Degree or Certificate	Date Received	Your Age in School
		/ - /			
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		/ - /			

How did you learn about Texas A&M University - Corpus Christi ? \_\_\_\_\_

Were you referred to Texas A&M University - Corpus Christi by an agency? yes \_\_\_\_\_ no \_\_\_\_\_

Name of agency \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Provide the following information on a person (parent, guardian, relative) who could be notified in case an of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

### RESIDENCY INFORMATION

Texas Higher Education Coordinating Board rule 21.38 requires each student to provide substantiating documentation to affirm residence for tuition purposes. It also requires an Oath of Residency required by state law to be signed by each applicant. If you have attended school or resided out of state, additional proof of residency may be required.

### OATH OF RESIDENCY

I understand that information submitted here will be relied on by University officials to determine my status for residency. I authorize the University to verify the information I have provided. I agree to notify proper institution officials of any changes. I certify that the information is complete and correct, and I understand that submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment or appropriate disciplinary action.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Texas A&M University Corpus Christi serves people of all ages regardless of socioeconomic level, race, color, gender, religion, disability or national origin. TAMUCC is an affirmative action/equal employment opportunity institution.** I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE, AND I UNDERSTAND THAT SUBMISSION OF INACCURATE OR INCOMPLETE INFORMATION MAY RESULT IN TERMINATION OF MY APPLICATION, ENROLLMENT AT TEXAS A&M UNIVERSITY OR DISMISSAL FROM THE UNIVERSITY. I understand that as a student of Texas A&M University-CC, an account will be established in my name. I am aware that financial transactions will be posted to this account, and the University will extend credit to me in anticipation of payment on a prescribed due date. I understand that if I fail to repay any debt when due, I will be assessed late charges. I further agree to pay all attorney's fees and other reasonable collection costs necessary to collect amount not paid when due.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

 **Texas A&M University-Corpus Christi**  
The Island University

**International Graduate Application for Admission**

Graduate Studies and Research - 6300 Ocean Drive - Corpus Christi, Texas 78412 - (361) 825-5740 or 1-800-482-6822

**Information and Requirements for Graduate Admission**

The following documents are required for admission into any graduate program at Texas A&M University-Corpus Christi.

1. The completed Application form must be accompanied by a non-refundable fee of **\$70.00**, which must be paid in U.S. currency.
2. Official transcripts from all undergraduate and graduate coursework must be submitted.
3. Notarized Affidavit of Support (or I-34 form) certifying ability to finance study in the U.S.
4. International applicants in the United States are required to provide a copy of their current visa.

Please check with your graduate program or the graduate catalog for more information concerning specific admission requirements pertaining to the program of your choice. The graduate catalog is posted at [www.tamucc.edu/~gradweb](http://www.tamucc.edu/~gradweb).

**A. Applicant Information ( Please type or print clearly)**

**Date of Birth\*:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

**Gender\*:**  Male  Female

**Place of Birth\*:** \_\_\_\_\_  
City

**Race/Ethnicity\***

- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic/Latino
- Asian, Pacific Islander Asian
- American Indian/Alaskan
- Other \_\_\_\_\_ (specify)

\_\_\_\_\_  
State Country

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

Mr.  Ms. Other: \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_  
Last First Middle Maiden Suffix (Jr.,etc)

**Permanent Address:**

**Current Address:** (Only if different from permanent address)

\_\_\_\_\_  
Number and Street P.O.Box Apt. #

\_\_\_\_\_  
Number and Street P.O.Box Apt. #

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
City State Zip County

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home telephone Work telephone

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home telephone Work telephone

**E-Mail Address:** \_\_\_\_\_

**In case of emergency, please contact:** Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Expected Semester of Entry for ESLI:** Year \_\_\_\_\_  Fall  Spring  Summer I(June)  Summer II(July)  
**Are you applying as:**  Degree  Certificate  
 Non-Degree Seeking (ESLI only\_\_\_\_\_)

- This information is for state and federal reporting purposes and will not be used in any admission decision.

**Students Currently in U.S.A.:** Date of entry:\_\_\_\_\_ Type of Visa at entry\_\_\_\_\_ I-20 Admission number\_\_\_\_\_  
 Passport number\_\_\_\_\_ Passport issued by \_\_\_\_\_ Passport valid until\_\_\_\_\_  
 What institution issued the I-20 for your current visa? \_\_\_\_\_  
 Are you currently enrolled in the institution? Yes\_\_\_\_\_ No\_\_\_\_\_ Date I-20 expires\_\_\_\_\_

**A. Educational Data**

**List in chronological order every college or university you have attended and/or attending, beginning with the most recent**

<u>College University</u>	<u>City/State</u>	<u>Dates Attend(ing)</u>	<u>Degrees Received</u>
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*All applicants for admission to the University must have the Registrar of each college/university attended send official transcripts of their work to the Office of Graduate Studies and Research.*

**For which degree/certificate are you applying?** \_\_\_\_\_

Have you taken the GRE/GMAT? Yes\_\_\_\_\_ No\_\_\_\_\_ Were your scores sent directly to TAMUCC? Yes\_\_\_\_\_ No\_\_\_\_\_

GRE scores: Verbal\_\_\_\_\_ Quantitative\_\_\_\_\_ Analytical\_\_\_\_\_ Test Date\_\_\_\_\_

GMAT total score:\_\_\_\_\_ Test Date\_\_\_\_\_

Have you taken the Test of English as a Foreign Language (TOEFL) ) yes\_\_\_\_\_ No\_\_\_\_\_ (TAMUCC requires a TOEFL score of 550 or higher or an IBT of 79-80 or higher for graduate students )

Has your official TOEFL/IBT score been sent to TAMUCC? Yes\_\_\_\_\_ No\_\_\_\_\_ Score\_\_\_\_\_ Test Date\_\_\_\_\_

**B. Certification**

I understand that the information submitted herein will be relied upon by officials of Texas A&M University-Corpus Christi to determine my status for admission and residency for tuition purposes. I certify that the information on this application is accurate and complete and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

**THIS APPLICATION IS NOT COMPLETE AND WILL NOT BE ACCEPTED WITHOUT YOUR SIGNATURE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Notification of Acceptance:** The individual graduate program will notify applicants of its decision.

With respect to admission and education of students, Texas A&M University-Corpus Christi shall not discriminate either in favor or against any person on the basis of race, creed, color, sex, age, national origin or disability.



### 3. SUMMARY OF EDUCATIONAL EXPERIENCE

Beginning with the 10th year of formal education, complete the following educational ladder:  
(Include any school you are presently attending. Use additional sheet if necessary.)

Name of school and location	Years of attendance		Degree, title, or certificate	Year earned or expected
	month/year	month/year		
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

### 4. PAYMENT

Please enter amount from TOTAL line at the end of section 2: \_\_\_\_\_

#### From WITHIN the United States:

I am enclosing my check drawn on a US bank, money order, or cashier's check made payable to FCSA.

#### From OUTSIDE the United States:

I am enclosing my international money order or check drawn on a US bank made payable to FCSA.

#### From either within or outside the United States:

Please bill my credit card:  VISA  MasterCard  American Express

Name on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 5. REFERRAL INFORMATION

Please tell us who referred you and the purpose of your evaluation. Check as many from the list at right that apply.

#### ESLI

Name of referring party \_\_\_\_\_

- Employment/H1 Visa
- University admission: University **TAMUCC**
- Teacher certification: State \_\_\_\_\_
- Board or agency: Name \_\_\_\_\_
- Immigration
- Other \_\_\_\_\_

### 6. WHAT TO SUBMIT

**1. REQUIRED DOCUMENTS, STANDARD APPLICATION** FCSA requires that most clients submit LEGIBLE PHOTOCOPIES of all original educational documents: final degrees, diplomas, and certificates plus full transcripts/marksheets/academic records showing all subjects studied, examinations, and grades. A standard FCSA requires the following:

- Legible photocopies of ALL necessary academic documents.
- Certified English language translations, if necessary. Spanish may be self-translated.
- Appropriate payment.
- Signature at the bottom of this form.

**2. REQUIRED DOCUMENTS, EVALUATION FOR BOARD LICENSURE** Clients submitting evaluations to licensure boards need to visit our website ([www.fcsa.biz/board](http://www.fcsa.biz/board)) for more detailed instructions and contact the board directly. Many boards require that you submit academic documents sent in a sealed envelope from the institution of origin. You can also get information on board applications by emailing [info@fcsa.biz](mailto:info@fcsa.biz) or calling 512-459-8428. If you are applying for board licensure, it is essential that you contact the board as well as making an application to FCSA.

**3. TRANSLATIONS** Certified word-for-word English translations must accompany all foreign language documents. If your document is in Spanish, you or a friend or family member may translate it.

### 7. COMMENTS

Use this space to provide FCSA with additional information that could be useful in your credentials evaluation.

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### 8. SIGNED STATEMENT

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read the instructions and conditions and agree to the terms stated therein. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. I release Foreign Credentials Service of America from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation.

Signature of Application \_\_\_\_\_ Date \_\_\_\_\_

# Texas A&M University - Corpus Christi

## Sponsor's Financial Guarantee

Name of Student: \_\_\_\_\_  
(Family Name) (Given Name)

Date of Birth of Student: (Month/Date/Year): \_\_\_\_\_

I certify that I am financially able and willing to support the above mentioned student while he/she is pursuing a course of study at Texas A&M University - Corpus Christi. I hereby guarantee to provide sufficient funds to pay for the tuition, fees, medical insurance, living and personal expenses of the student while studying at Texas A&M University - Corpus Christi.

Signature of Sponsor: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

\_\_\_\_\_ family members will accompany student

Name	Relationship	Date of Birth	Country of Birth

An additional US\$2,400 per month for each dependant will be required in financial support documents.

An original bank letter or statement of account must be attached to this form providing evidence of funds available to meet the expenses of the student.



USA



CANADA

Eastern University

McNeese State University

Texas A&M University - Corpus Christi

Texas A&M University - Texarkana

University of Southern Indiana

West Texas A&M University

Western Kentucky University

4528 Humphrey Hill Road  
Sedro Woolley, WA 98284  
Email: [esli@esli-intl.com](mailto:esli@esli-intl.com)  
Website: [www.esli-intl.com](http://www.esli-intl.com)

TEL: 360-724-0547

FAX: 360-724-0548

Trinity Western University  
Langley, British Columbia

## ESLI TRANSFER STUDENT FORM

### SECTION I

To be completed by applicant

Name \_\_\_\_\_  
(Family/Last Name) (First Name) (Middle Name)

Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
(Area Code) (Number)

How long is this address valid? \_\_\_\_\_  
(MM/DD/YY)

Intended start term (choose one) \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year \_\_\_\_\_

Will you travel outside the U.S. prior to registration at ESLI/TAMUCC? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Permanent \_\_\_\_\_  
address (Street and Number) (City) (Country) (Zip Code)

Do you have any dependents in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list dependents:

\_\_\_\_\_  
(Family/Last Name) (First Name) (D.O.B.) (Country citizenship) (Country birth) (Relationship)

\_\_\_\_\_  
(Family/Last Name) (First Name) (D.O.B.) (Country citizenship) (Country birth) (Relationship)

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

**SECTION II** To be completed by DSO/Foreign Student Advisor

Visa Type \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_

Admission Number (I-04 number) \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

What country issued passport? \_\_\_\_\_

SEVIS I.D. Number \_\_\_\_\_ SEVIS Release Date \_\_\_\_\_

I-20 program start date \_\_\_\_\_ Program end date \_\_\_\_\_

Current or last semester of enrollment \_\_\_\_\_

Semester start date \_\_\_\_\_ Semester end date \_\_\_\_\_

To the best of your knowledge, is this student in legal status with BCIS? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, has a reinstatement been filed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date field \_\_\_\_\_

Is the student eligible to transfer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Signature of school official	Name and Title	Date
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Address	Telephone	E-mail Address
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Please return to:  
Texas A&M University - Corpus Christi ESLI  
4528 Humphrey Hill Road  
Sedro Woolley, WA 98284  
Fax: 360-724-0548  
[michelle@esli-intl.com](mailto:michelle@esli-intl.com)

# On-campus housing application at TAMUCC

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

Name: \_\_\_\_\_ Gender:  male  female

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TAMU-CC Banner ID#: A \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Current telephone: (\_\_\_\_\_) \_\_\_\_\_ Second telephone: (\_\_\_\_\_) \_\_\_\_\_

Cellular telephone: (\_\_\_\_\_) \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

University standing:  freshman  sophomore  junior  senior  graduate

Have you ever been convicted of a felony?  yes  no

Parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**I wish to reside in the following accommodation:** (list 1,2,3, etc. in order of preference)

**Please select only those options to which you are willing to accept assignment.**

<input type="checkbox"/>	residence hall – 2 bdrm non-private / shared bath (1R)
<input type="checkbox"/>	residence hall – 1 bdrm / suite bath (limited summer availability) (2R)
<input type="checkbox"/>	residence hall – 1 bdrm / private bath (limited summer availability) (3R)
<input type="checkbox"/>	
<input type="checkbox"/>	apartment - 1 bdrm / 1 bath studio – single occupancy (1A)
<input type="checkbox"/>	apartment - 1 bdrm / 1 bath – double occupancy bedroom (2A)
<input type="checkbox"/>	apartment - 2 bdrm / 1 bath – private bedroom (3A)
<input type="checkbox"/>	apartment - 4 bdrm / 2 bath – private bedroom (4A)

i am requesting to be placed in Honors Housing (if available)

i am requesting to reside in substance free housing (if available)

I am requesting the following lease term, beginning year \_\_\_\_\_

A Rate  Summer only  August - August  January - August

B Rate  August – May  January - May

**Roommate(s) preference** (Name & Banner ID)1: \_\_\_\_\_ ID# \_\_\_\_\_

2: \_\_\_\_\_ ID# \_\_\_\_\_ 3: \_\_\_\_\_ ID# \_\_\_\_\_

(In order for roommate requests to be considered, the requests must be mutual. Requests do not guarantee a match.)

<b>For Office Use Only:</b> <b>Date Entered into OS</b> _____ <b>RMS</b> _____ <b>Notes:</b> _____
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## On-campus housing application at TAMUCC

Have you received your immunization for bacterial meningitis?  yes  no

If yes, when: \_\_\_\_\_

**Please note that the State of Texas requires that first-time students or transfer students who plan to reside in on-campus housing must show evidence of vaccination against bacterial meningitis. The student must have received the vaccination at least 10 days prior to moving into the housing. A copy of the vaccination must be on file in the Camden Miramar Office before the student can take occupancy. If you have not yet received your immunization for bacterial meningitis, you will not be able to move in for at least 10 days after you receive the immunization. Notwithstanding your inability to move in, you will remain responsible for all rent and other obligations under your lease from the commencement date of the lease.**

<b>Personal habits:</b>	<b>yes</b>	<b>no</b>	<b>no preference</b>
I object to late night activity (after 11pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud noise disturbs me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to have guests visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am okay sharing my belongings with my roommate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?*	<input type="checkbox"/>	<input type="checkbox"/>	
*smoking is not allowed in any Camden Miramar building.			
Are you?	<input type="checkbox"/> neat	<input type="checkbox"/> casual	<input type="checkbox"/> messy

Camden Miramar complies with the American with Disabilities Act.

Describe any accommodations needed: \_\_\_\_\_

**Rental application criteria:** All applicants must complete the on-campus housing application

In order to reside in our community, we require each applicant to meet certain rental criteria. Before you complete an On-Campus Housing Application, we encourage you to review these requirements to determine if you are eligible.

Please note that these are our current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents currently residing in our community have met these requirements. There may be residents that have resided here prior to these requirements going into effect; therefore, existing residents met the qualifications required at the time they were approved.

- A. ON-CAMPUS HOUSING APPLICATION** – Applicants must submit an on-campus housing application and pay a \$200 nonrefundable administrative fee. Applicant acknowledges that the Administrative Fee is: (i) not a security deposit or an advance payment of rent or any other fees or charges; and (ii) an estimated amount calculated to offset the actual and potential costs of the Owner for application processing and database management. All information requested on the on-campus housing application must be complete. Failure to provide such requested information may delay assignment process or invalidate the on-campus housing application. Roommate requests must include requested roommate(s) name and social security or Banner ID number.
- B. LEASE GUARANTY** - (1) Applicants must submit a Lease Guaranty form with On-Campus Housing application. (2) Lease Guarantor must be a parent, guardian or approved consenting adult. (3) Lease Guaranty form must be accompanied by a copy of the driver’s license of the Lease Guarantor. (4) In lieu of Lease Guarantor, applicant must submit an additional \$200 application deposit (which will be used as a security deposit when applicant signs a lease.)
- C. UNIVERSITY ADMITTANCE** – Applicants must be admitted to Texas A&M University – Corpus Christi prior to eligibility for assignment. Residents must be enrolled and taking classes during the Fall or Spring semesters. Summer residents are not required to be admitted nor enrolled in summer semester classes.

## On-campus housing application at TAMUCC

- D. FALSE INFORMATION** - Any falsification of information on the application will automatically disqualify the application and all deposits, administrative fees and prepayment monies will be forfeited, per the cancellation policy.
- E. AMENITY FEE** - Applicant will be required no later than the time of lease execution, to pay an Amenity Fee. The Amenity Fee will be a one time fee during the term of the Lease to offset the Owner's costs associated with providing laundry services which are available to residents. The amount of the Amenity Fee will be in accordance with the following schedule: (i) if the lease term is from August through May (being both Fall and Spring semesters), the Amenity Fee will be \$108.00; (ii) if the lease term is from August to August (for a full year), the Amenity Fee is \$138.00; (iii) if the lease term is from January through May (the Spring semester), the Amenity Fee will be \$54.00; (iv) if the lease term is from January through August (the Spring semester and the Summer term), the Amenity Fee will be \$84.00; and (v) if the lease term is from June through August (the Summer term), the Amenity Fee will be \$30.00.
- F. CANCELLATION OF APPLICATION** – Applicant acknowledges that qualified applicants are considered on a first come, first served basis; however, if an accepted applicant does not initial, sign and return a Camden Miramar Lease Contract and pay move-in amount on or before August 1 of the year in which the lease is to begin, Camden Miramar reserves the right to automatically cancel applicant's application and give applicant's space to another applicant. If applicant applies after August 1 of the year in which the lease is to begin, the applicant will be expected to initial and sign a Lease Contract at move-in. If the applicant does not initial and sign a lease at move-in, Camden Miramar reserves the right to cancel that applicant's application and give applicant's space to another applicant. Applicant acknowledges that, whether or not Applicant's application is approved, the Administrative Fee identified above is non-refundable.
- G. CRIMINAL HISTORY-** Applicant must not have been convicted or received deferred adjudication for any felony offense, a sex-related offense, a class A misdemeanor offense classified as an offense against a person or any drug-related offense (felony or misdemeanor). Please remember that this requirement does not constitute a guarantee or representation that residents currently residing in our community have not been convicted of a felony, deferred adjudication for a felony or crime against a person.
- H ASSIGNMENT PROCESS** – After Applicants are accepted to the University, applicants are assigned a bedroom at Camden Miramar on a first come, first served basis. If the apartment has common areas, the common areas (including living room, kitchen, bathroom, outside patio and outside storage), will be shared by assigned roommates. If two bedrooms are adjacent to one bathroom, the occupants of the bedrooms will share the bathroom. Camden Miramar reserves the right to change assignments at any time prior to occupancy.
- I ASSIGNMENT PACKET** – Once an applicant has been accepted and a space assignment has been made, the applicant will be mailed an assignment packet. Included in the assignment packet will be the Camden Miramar Lease Contract, the Lease Guaranty and other lease and informative documents. Applicants accepted prior to August 1 of the year in which the lease begins will be required to initial, sign and return the lease within 10 business days after receipt of the Assignment Packet and pay the move-in amount by August 1 of the year. Due to time restrictions, assignments made within 21 days prior to move in (including assignment packets for applicants approved on or after August 1 of the year in which the Lease begins) will not have an Assignment Packet mailed. These applicants are required to pick up the Assignment Packet, once available, prior to move in at the Camden Miramar office. If applicant is not able to pick up the Assignment Packet prior to move in, Lease documents must be completed no later than check in. Provided, however, no applicant will be allowed to move into our community unless and until all required documents (including the Camden Miramar Lease, the Lease Guaranty and any other required documents) are fully executed by the appropriate parties.
- J Financial Aid** – If you are a financial aid recipient and are planning to request financial aid to advance rent, it is necessary for you to complete the Housing Payment Option Form each semester. Housing Payment Option Form may not be accepted after the deadline stated on form.



## On-campus housing application at TAMUCC

Additionally, please note that no deferment of applicable late fees shall be granted except by specific written authorization of Camden Miramar Management. The following questions should help you clarify if you qualify for this program.

Do you expect to receive Financial Aid? Yes \_\_\_\_ No \_\_\_\_

Do you anticipate receiving enough aid to cover Tuition and Housing expenses? Yes \_\_\_\_ No \_\_\_\_

Do you want the University to advance your move-in payment to Camden Miramar? Yes \_\_\_\_ No \_\_\_\_

If you answered "yes" to all three questions, you **MUST** complete the accompanying Housing Payment Option Request Form and submit it with your application. If you answered "no" to any question you are not eligible for Financial Aid advancement and should pursue alternative financial sources to ensure you are able to pay rent and fees due at move-in. If you apply for financial aid and do not receive an approved Housing Payment Option by the lease execution date, you will nonetheless be required to make your move-in payment.

This company and this community comply with all applicable fair housing laws. The undersigned applicant(s) hereby consent to allow **Camden Miramar**, itself or through its designated agents and its employees, to obtain a consumer report and criminal record information on me and to obtain and verify my credit and employment information for the purpose of determining whether to lease an apartment to me. I also agree and understand that owner and its agents and employees may obtain additional consumer reports and criminal record reports on me in the future to update, review or collect my account. Upon my request, Camden Miramar will tell me whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

By signing this application, applicant acknowledges that applicant has had the opportunity to review the Owner's resident selection criteria. The resident selection criteria may include factors such as criminal history, credit history, current income and rental history. If applicant does not meet the selection criteria, or if applicant provides inaccurate or incomplete information, this application may be rejected and applicant's application fee will not be refunded.

**I have completed the on-campus housing application and read and understand the Rental Application Criteria.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Camden Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Instructions:** Please return a completed on-campus housing application, rental criteria, Lease Guaranty and HPO form (if applicable) along with non-refundable \$200 administrative fee by August 1<sup>st</sup> to:

**Camden Miramar, 6515 Ocean Dr, Corpus Christi, TX 78412.**

We encourage you to keep a copy of this and all other documents for your records.

## On-campus housing application at TAMUCC

### LEASE GUARANTY

This Lease Guaranty (this "Guaranty") is made and entered into by the undersigned (the "Guarantor") in favor of Camden Property Trust d/b/a Camden Miramar (the "Owner") upon the terms and conditions stated herein. The purpose of this Guaranty is to express the terms upon which Guarantor will guarantee certain obligations of \_\_\_\_\_ (the "Resident") under the Lease Contract (the "Lease") dated \_\_\_\_\_ whereby Resident has leased Apartment No. \_\_\_\_\_ (the "Premises") in Owner's apartment community. For and in consideration of the mutual promises contained herein and in the Lease and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Guarantor agrees as follows:

1. **Guarantor's Representations.** Guarantor represents that: (i) Guarantor has reviewed the Lease and any addenda thereto or documents to the extent Guarantor deems appropriate and understands that Owner's desire to enter into the Lease with Resident is expressly made conditional upon Guarantor's execution of this Guaranty; and (ii) all information submitted in Resident's Rental Application and provided below was and is true and complete and authorizes the verification of same and the performance of a credit check on Guarantor by any means. Guarantor acknowledges that false information contained in Resident's Rental Application may constitute grounds for rejection of Resident's Rental Application, termination of Resident's right of occupancy and non-return of deposits. Guarantor further acknowledges that an investigative consumer report including information as to character, general reputation, personal characteristics and mode of living, whichever are applicable, of the Guarantor may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's rights under The Fair Credit Reporting Act. **GUARANTOR HEREBY AUTHORIZES OWNER OR OWNER'S AGENTS TO OBTAIN AND HEREBY INSTRUCTS ANY CONSUMER REPORTING AGENCY DESIGNATED BY OWNER OR OWNER'S AGENTS TO FURNISH A CONSUMER REPORT UNDER THE FAIR CREDIT REPORTING ACT TO OWNER OR OWNER'S AGENTS TO USE SUCH CONSUMER REPORT IN ATTEMPTING TO COLLECT ANY AMOUNTS DUE AND OWING UNDER THE LEASE OR THE GUARANTY OR FOR ANY OTHER PERMISSIBLE PURPOSE.**

2. **Guaranty of Obligations.** Guarantor hereby individually and unconditionally guarantees to Owner the full, punctual and complete performance by Resident of all obligations of Resident to Owner including, but not limited to, obligations contained in the Lease, extensions or renewals of the Lease, when Resident transfers to a different apartment unit within the Owner's apartment community. Guarantor agrees that Guarantor shall be personally bound by and personally liable for all obligations of Resident as if Guarantor executed the Lease or other documents giving rise to Resident's obligations. Notwithstanding the foregoing, Guarantor understands that Guarantor will guarantee the obligations of Resident for the full term of the Lease. Additionally, Guarantor acknowledges and agrees that Guarantor's obligations as Guarantor will continue for all renewals of the Lease through \_\_\_\_\_ which shall be the last date on which the renewal of the Lease will renew the obligations of the Guarantor. The Guarantor is liable under a renewal of the Lease that occurs on or before the date indicated above and the Guarantor is liable under a renewal of the Lease only if the renewal involves the same parties as the original Lease and does not increase the Guarantor's potential financial obligation for rent that existed under the original Lease. In the event Resident fails to comply with any obligations under the Lease or such other documents or in the event the Lease is declared invalid or void as a result of Resident's age or otherwise, Owner may recover any damages or other charges including, but not limited to, rent, late charges, property damage, repair costs, utility payments and all other sums which may become due under the Lease from Guarantor, as if Guarantor executed the Lease as Resident, whether or not Owner seeks recovery from Resident. Guarantor waives: (i) any right to require Owner to proceed against Resident; (ii) any defense by reason of any disability of Resident or any other defense based on the termination of Resident's liability for any reason; (iii) any right to presentment, demand for performance, notices including notices of nonperformance, protest, dishonor, acceptance of this Guaranty or the existence, creation or renewal of any obligations; and (iv) any benefit of any statute of limitations affecting Guarantor's liability under this Guaranty. Notwithstanding Guarantor's guarantee of the obligations of Resident as described herein, Guarantor expressly recognizes that Guarantor shall have no right to

## On-campus housing application at TAMUCC

possession of the Premises identified in the Lease or any other apartment unit in the Owner's apartment community and that this Guaranty creates no obligation on Owner to provide any benefits whatsoever to Guarantor. Owner may report unpaid rent, damages or other charges owed by Resident (and consequently by Guarantor) to the applicable credit reporting agencies for recordation on Guarantor's credit record.

3. **Notice.** Guarantor acknowledges that Owner shall have no obligation to provide Guarantor with any type of notice of default or any notice whatsoever as a prerequisite or condition to Guarantor's liability after an event of default by Resident under the Lease or such other document giving rise to Resident's obligations. Additionally, Guarantor acknowledges that Owner shall have the right to terminate the Lease or such other document or terminate Resident's right to possession without terminating the Lease or such other document pursuant to the terms of the Lease, such other document and applicable law after an event of default by Resident without the necessity of providing Guarantor with any notice. Guarantor expressly waives the right to receive any such notice from Owner. Notwithstanding the foregoing, Owner shall have the right, without the obligation, to provide notice to Guarantor with respect to any event of default either at the address of the Premises or the address identified below, which is Guarantor's permanent mailing address:

EXECUTED as of the date of the Lease.

Guarantor's Signature (not the Resident): \_\_\_\_\_

Guarantor's Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **NOTARY ACKNOWLEDGEMENT**

This Instrument was acknowledged before me on \_\_\_\_\_

By \_\_\_\_\_

Notary Signature \_\_\_\_\_

Unless copy of Driver's License or government photo I.D. is attached.

My commission expires: \_\_\_\_\_

# On-campus housing application at TAMUCC

## Housing Payment Option Form Request

Name: _____	Phone # _____
Student ID #: A _____	Email _____
Semester: _____	Year: _____

I hereby authorize the Office of Student Financial Assistance at Texas A&M University – Corpus Christi and Camden Miramar to share information regarding my financial aid status and rental payments. I also authorize the Business Office of Texas A&M University – Corpus Christi to transfer estimated financial aid monies, in the amount equal to my pro-rated move-in payment plus first month’s rent and amenity fee **or** first month’s rent of the new semester and amenity fee (hereafter referred to as rental payment), to Camden Miramar. **I understand that I must be approved for this program prior to checking into housing or I will be expected to pay the move-in amount with a personal check or money order made out to Camden Miramar.**

I further understand that use of this payment method is contingent on my estimated financial aid refund being equal to or greater than the rental payment and my registration for classes at TAMU-CC prior to submission of this form. **Submission of this form does not, in any way; guarantee that I will be approved for this plan.** If anything occurs to change my estimated refund prior to payment transfer, I will pay the rental payment directly to Camden Miramar with a personal check, money order or SandDollar. I understand that any adjustment to my class schedule or failure to accept all the aid offered me could reduce my estimated refund. I also understand that if I am granted a move-in date prior to the date noted on this form, I will be expected to pay the nightly rate for each additional night(s) directly to Camden Miramar.

This form is valid one semester only and must be renewed prior to each semester. **I am responsible for paying my rent on the first day of each month following this payment. Failure to pay my rent on time will result in all applicable late fees as stated on my lease contract and I will be in default of the Lease contract which will subject me to the rights and remedies of Camden Miramar for defaulting under the Lease.**

Student Signature: \_\_\_\_\_

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

**Due Dates:**    Fall-August 1;                      Spring-December 1;                      Summer-May 1

Camden Miramar Use Only:

Approved Move-in: \_\_\_\_\_ Rental Payment: \_\_\_\_\_ Unit # \_\_\_\_\_ Camden Rep: \_\_\_\_\_

Date of TAMUCC Enrollment \_\_\_\_\_  
mo day yr

## TAMUCC Student Immunization Form

Texas A&M University - Corpus Christi policy require students to document immunizations in English for the following diseases. If you intend to enroll at the University, please complete and return this form to TAMUCC ESLI prior to the start of your first semester. Call 361-825-3435 if you have questions.

Name \_\_\_\_\_ University ID No. \_\_\_\_\_  
Last First Middle  
Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

**Note: MMR vaccine is recommended to provide protection against measles, mumps and rubella**

**Rubeola:** (ten day measles): Must have the following:

Two immunizations required **at least thirty days apart** (after 1967 & not before first birthday)

1st immunization .....month/day/year received \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd immunization.....month/day/year received \_\_\_\_/\_\_\_\_/\_\_\_\_

Or measles titer.....month/day/year tested \_\_\_\_/\_\_\_\_/\_\_\_\_ Results \_\_\_\_\_

Or physician-diagnosed measles disease.....month/day/year diagnosed \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine not required if born before January 1, 1957 \_\_\_\_\_ (Please check only if applicable)

**Mumps:** Must have one of the following:

One immunization (not before first birthday).....month/day/year received \_\_\_\_/\_\_\_\_/\_\_\_\_

Or mumps titer..... month/day/year tested \_\_\_\_/\_\_\_\_/\_\_\_\_ Results \_\_\_\_\_

Or physician-diagnosed mumps disease.....month/day/year diagnosed \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine not required if born before January 1, 1957 \_\_\_\_\_ (Please check only if applicable)

**Rubella:** (German/three day measles): Must have one of the following:

One immunization (not before first birthday).....month/day/year received \_\_\_\_/\_\_\_\_/\_\_\_\_

Or rubella titer .....month/day/year tested \_\_\_\_/\_\_\_\_/\_\_\_\_ Results \_\_\_\_\_

Physician-diagnosis rubella disease not acceptable.

Vaccine not required if born before January 1, 1957 \_\_\_\_\_ (Please check only if applicable)

**Tetanus/Diphtheria:** TD booster within last 10 years required (Tetanus alone not acceptable)

Immunization.....month/day/year \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tuberculin Skin Test (TB)**(Mantoux only): **Administered at TAMUCC** for International Students

Date given \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_ Results \_\_\_\_\_ mm duration

Signature of physician or registered nurse reading test \_\_\_\_\_

Chest x-ray required if reading 10mm or greater: Date of chest x-ray \_\_\_\_\_ Results \_\_\_\_\_

**Meningococcal Conjugate (MCV4) (Meningitis)** **REQUIRED at least 10 days prior to moving on campus**

One immunization.....month/day/year received \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician's Signature:** Note: If not signed by a physician/registered nurse, you **must** provide proof of documentation

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Over - Medical Contraindication Statement**  
**Medical Contraindication Statement**

The individual identified on this form has been diagnosed with a medical condition which precludes receiving the following vaccines:

Vaccine	Medical Contraindication* of Vaccine	Probable Duration of Contraindication

It is understood that in the event the disease (except tetanus) for which this exemption requested occurs on campus, the individual will be excluded from all campus activities until Public Health Authorities declare the threat of disease has ended. This action will be taken to prevent the spread of disease to the individual who cannot medically receive the vaccine.

**Note:** Name, address, phone and signature of physician or clinic required to validate medical contraindication:

Name

---

Address

---



---

Phone

FAX

---

Signature

---

**\* Medical Contraindication to Vaccine must be in accordance with recommendations of Advisory Committee on Immunization Practices listed below:**

**General Contraindications**

1. Anaphylactic reaction to a vaccine contraindicates future doses of the vaccine
2. Anaphylactic reaction to a vaccine substance contraindicates the use of vaccines containing that substance

**Contraindications to MMR**

1. Anaphylactic reaction to eggs or neomycin\*
2. Pregnancy
3. Known altered immunodeficiency (hematologic and solid tumors, congenital immunodeficiency, or long term immunosuppressive therapy)
4. Measles vaccine should not be given for at least six weeks (preferably three months) after a person has received IG, whole blood, or other antibody containing products

**Contraindications to TB (Mantoux) skin test**

1. Students having recent viral infections or live virus vaccines (i.e. MMR). To obtain an accurate result when infection is strongly suspected, it is best to repeat testing several weeks after the illness, and 4-6 weeks after administration of the vaccine.
2. Past documented history of positive Mantoux. Chest x-ray required.

\* Vaccinate only with extreme caution. Consult protocols for vaccinating such persons (J Pediatrics 1983; 102:196-9 and JPediatrics 1988; 113:504-6)

## Consent For Treatment

Date \_\_\_\_\_

1. I, \_\_\_\_\_, (the) \_\_\_\_\_  
(Name of person giving consent) (relationship to patient)

of \_\_\_\_\_  
Name of Patient SS or Student ID # of Patient

hereby voluntarily consent to outpatient care encompassing routine diagnostic procedures, examinations, and medical treatment. This may include (but is not limited to) routine laboratory work, x-rays, administration of medications, inpatient and emergency care as needed.

2. I further consent to the performance of those diagnostic procedures, examinations, and the rendering of medical treatment by the office staff and their assistance as directed by the provider.

3. I authorize Student Medical Services to release medical information to third party insurance carriers for the purposes of filing insurance claims related to his/her medical care if applicable. I authorize Student Medical services to release any medical information to other physicians or medical providers as directed by the Student Medical Services Department. I authorize the release of medical information about his/her treatment to any other physician, provider or facility designated by me.

4. I understand that this consent form will remain in effect as long as the patient is a minor.

5 This form has been fully explained to me and I understand its contents.

Patient is a Minor \_\_\_\_\_ years of age. Date of birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Witness



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](mailto:esli@esli-intl.com)  
 Website: [www.esli-intl.com](http://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