

University of Southern Indiana



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.	4 Page 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.	Int'l Student Official Statement of Finances signed by sponsor
6.	Original Sponsor's Bank letter showing balance available
7.	2 letters of recommendation (optional)
8.	Study plan
9.	Copy of Passport
10	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.
11	Residence Life/Food Service Contract form

ENGLISH ONLY

USI/ESLI ONLY _____ START DATE _____ ENDING DATE _____

This application package must include the following items:

1.	4 Page International Student Application for Admission Form
2.	US\$150 application & Courier fees payable to ESLI
3.	Int'l Student Official Statement of Finances signed by sponsor
4.	Original Sponsor's Bank letter showing balance available
5	Copy of Passport

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

Website: www.esli-intl.com



International Student Application For Admission

Office of Admission
8600 University Boulevard
Evansville, Indiana 47712-3598
U.S.A.

Please send completed application with application fee and supporting forms and documents to:
ESLI
4528 Humphrey Hill Road
Sedro Woolley, WA 98284

Biographical Information *(Please print in ink or type.) To be completed by a student who is not a permanent resident or citizen of the U.S.*

Name _____
last first middle preferred name U.S. Social Security No. (If available)

Home address _____
number and street city state/province/county ZIP or postal code

_____ Telephone _____
country country code/city code/telephone number

Fax number _____ Electronic mail address _____
country code/city code/fax number

Use mailing address until _____ Birthdate _____ Country of birth _____
date month/day/year

Country of citizenship _____ Permanent resident (U.S.)? Yes No

Visa type (if currently in the U.S.): Student (F) Exchange Visitor (J) Other _____

Male Female Marital Status: Single Married Are you a Resident of Indiana? Yes No

Application Information

Applying for Admission as:

- Beginning Freshman* (never attended a college or university)
- Transfer* (attended one or more colleges or universities)
- Guest* (enrolling for only one semester or two summer sessions as visiting student from another college/university)
- Exchange* (please list exchange program) : _____

I plan to enter USI: (check one)

- Fall Semester, 20__ (deadline - May 1)
- Spring Semester, 20__ (deadline - October 1)
- Summer Session I, 20__ (deadline - March 1)
- Summer Session II, 20__ (deadline - April 1)
- Summer Session III, 20__ (deadline - May 1)

What will your classification be when you enter USI?

- 1st Semester Freshman (1 - 15 semester hours)
- 2nd Semester Freshman (16 - 31 semester hours)
- 1st Semester Sophomore (32 - 46 semester hours)
- 2nd Semester Sophomore (47 - 62 semester hours)
- 1st Semester Junior (63 - 77 semester hours)
- 2nd Semester Junior (78 - 93 semester hours)
- 1st Semester Senior (94 - 108 semester hours)
- 2nd Semester Senior (109 and above semester hours)
- Entering with undergraduate degree
- Exchange student: _____
program

Indicate Academic School of your area of study.

- Nursing & Health Professions
- Business
- Education & Human Services
- Science & Engineering
- Liberal Arts
- University Division (undecided)

Area of Study/Major* _____

Degree sought Associate Bachelor's None
Do you plan to teach?* Yes No

*If you plan to major in secondary education, please name a specific area of study. _____

Academic Information

School you attend now _____ Date of entry _____

Address _____ ACT/CEEB code number (if available or known) _____

Date of secondary school graduation _____

The name of the person at your school assisting you with your university search:

Name _____ Position _____

School telephone _____ School fax _____
country code/city code/telephone number country code/city code/telephone number

Electronic mail address of school _____

List all other (pre-university) schools you have attended, beginning with your 13th year of age.

<i>name of school</i>	<i>location</i>	<i>dates of attendance</i>	<i>certificates, degrees, diplomas</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<i>name of school</i>	<i>location</i>	<i>dates of attendance</i>	<i>certificates, degrees, diplomas</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<i>name of school</i>	<i>location</i>	<i>dates of attendance</i>	<i>certificates, degrees, diplomas</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In your current school, are you pursuing any of the following programs?

- GCE A Levels International Baccalaureate German Abitur
 GCE O Levels French BAC Other national exam program _____

List all institutions you have attended at the university level. (Failure to list all institutions could result in dismissal.)

<i>name of institution</i>	<i>location</i>	<i>dates of attendance</i>	<i>certificates, degrees, diplomas</i>	<i>dates received</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<i>name of institution</i>	<i>location</i>	<i>dates of attendance</i>	<i>certificates, degrees, diplomas</i>	<i>dates received</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<i>name of institution</i>	<i>location</i>	<i>dates of attendance</i>	<i>certificates, degrees, diplomas</i>	<i>dates received</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<i>name of institution</i>	<i>location</i>	<i>dates of attendance</i>	<i>certificates, degrees, diplomas</i>	<i>dates received</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been dismissed from any high school, college, or university? Yes No

If so, why? _____

If not currently attending school, please check here: On a separate sheet, describe in detail your activities since last enrolled.

Language Skills/Test Results

First language, if other than English: _____ Language spoken at home: _____

The TOEFL (Test of English as a Foreign Language) or other comparable proof of English proficiency is required if English is not your first language or language of instruction. The SAT I (Scholastic Assessment Test) or ACT (American College Test) is required if English is your first language or language of instruction. Please submit official score reports.

TOEFL* _____
date taken/to be taken Paper Test _____
 Computer Test testing location composite score

Other English Language Proficiency test result(s)

_____	_____	_____	_____
<small>test name</small>	<small>date taken/to be taken</small>	<small>testing location</small>	<small>score(s)</small>
_____	_____	_____	_____
<small>test name</small>	<small>date taken/to be taken</small>	<small>testing location</small>	<small>score(s)</small>

_____	_____	_____	_____
<small>test name</small>	<small>date taken/to be taken</small>	<small>testing location</small>	<small>score(s)</small>

SAT I* _____
date taken/to be taken verbal score math score

_____	_____	_____	_____
<small>date taken/to be taken</small>	<small>verbal score</small>	<small>math score</small>	

ACT* _____
date taken/to be taken composite score date taken/to be taken composite score

* The SAT and TOEFL code for USI is 1335. The ACT code is 012070.

Family and Financial Information

Mother's full name _____ Is she living? _____

Home address if different from yours _____

Father's full name _____ Is he living? _____

Home address if different from yours _____

If not with both parents, with whom do you make your permanent home? _____

Amount of money available for each year of study (in U.S. dollars): _____

Financial Sponsor's Name _____

Financial Sponsor's Address _____
number and street *city* *state/providence/county* *ZIP or postal code*

_____ Telephone _____
country *country code/city code/telephone number*

Fax number _____ Electronic mail address _____
country code/city code/telephone number

Will you be accompanied in the U.S. by your spouse? Yes No Children? Yes No

Reference to contact in the U.S. (if available):

Name _____ Relationship _____

Address _____ Telephone _____
area code/telephone number

CHECKLIST

Your application for admission will not be evaluated until ALL of the following items are on file with the Admission Office:

- Completed Application for Admission with application fee
- Scores from the TOEFL
- SAT Scores - If available
- Completed financial statement and supporting documentation
- Complete and attested copies of your academic records (in English) from EACH high school, college, or university you have attended
- If you will be transferring to USI from another U.S. school or university, you must also submit an International Student Status form.

Additional Information

How did you become interested in USI?

I hereby affirm all information supplied in this application is complete and accurate. I grant permission for the University of Southern Indiana to report my academic progress to the high school from which I graduated. I understand that withholding information or giving false information will make me ineligible for admission to USI or subject to dismissal after admission has been granted. I also understand that I must enroll as a full-time student (12 hours or more) during the Fall and Spring semesters to maintain my full-time student status.

Signature of Applicant

Date

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, sexual orientation, national origin, or status as a disabled veteran or veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712

The Disabled Student Services program is provided to help students overcome or compensate for obstacles related to a physical, emotional, or learning disability. Resources include a reader/taping service, test accommodations service, tutors, sign language interpreter service, notetaker supplies, literature, and personal assistance. Program staff work with all offices to ensure that reasonable and appropriate accommodations are provided to students with disabilities. A detailed brochure is available from the Counseling Center. Students requesting services must register with the Disabled Student Services program in the Counseling Center at least 60 days prior to date services are needed.

Please mail application to:

ESLI

**4528 Humphrey Hill Road
Sedro Woolley, WA 98284
U.S.A.**

Fax number: 1-360-724-0548
Electronic mail: esli@esli-intl.com

Please note that school records, test scores, and applications are not accepted by fax. (*Only under emergency situations and with the approval of the Office of Admission may you fax the application.*) Correspondence such as letters and memoranda may be sent by fax.

FOR OFFICE USE ONLY								FOR OFFICE USE ONLY	
Fall Spring	Sum.III Sum.I	Sum.II HST	B. Fr Tran.	Guest Spec.	H.S.A. CAP	IVTC TCERT	International		
Res. N.Res	Sr.Gr. Test Sc.	SEA Ao14	Toefl Fee	Core _____ SIS _____					

INTERNATIONAL STUDENT
OFFICIAL STATEMENT OF FINANCES

STUDENT'S NAME: _____

It is my understanding that the cost of ESLI education for one student at the University of Southern Indiana is at least \$26,000 (US Dollars) for 2 semesters. This includes tuition, fees, housing/meals, books, and personal expenses. It does not include the cost of transportation to and from the United States, \$140.00 application fee or \$200 on-campus housing deposit.

It is hereby declared that _____ US Dollars will be available per academic year for _____ for as long as he/she is a student in the United States, enrolled at the University of Southern Indiana.

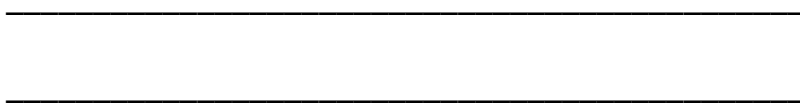
IMPORTANT: I have attached an official or certified current bank statement showing the balance of my sponsor's account (IN US DOLLARS).

Signature of financial sponsor

SPONSOR'S PRINTED NAME _____

SPONSOR'S RELATIONSHIP TO STUDENT _____

SPONSOR'S MAILING ADDRESS _____



Academic scholarships and loans are not available to international students at the University and students may not be able to locate employment on campus. *Therefore, USI scholarships, loans or work awards should not be anticipated as supplementing the student's means of support.*



Send to: Office of Admission, USI, 8600 University Boulevard, Evansville, IN 47712-3598 USA

Updated 11/10/2010



Student Immunization Form

Indiana State Law and University of Southern Indiana 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 USI Immunization Office prior to the start of your first semester. Call 812-461-5285 if you have questions.

Name _____ University ID No. _____
Last First Middle
Permanent Address _____ Phone _____
City _____ Country _____ Zip _____ Date of Birth _____
Month Day Year

Note: MMR vaccine is recommended to provide protection against measles, mumps and rubella (\$55 each at US)

****Rubeola:** (ten day measles): Must have the following:
Two immunizations required **at least thirty days apart** (after 1967 & not before first birthday)
1st immunizationmonth/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 titermonth/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) (\$25 at USI)
Immunization.....month/day/year ____/____/____

Tuberculin Skin Test (TB)(Mantoux only): **Must be Administered at USI for International Students (\$15)**

Date given ____/____/____ Date Read ____/____/____ Results _____ mm duration
physician within 48-72 hours.
Signature of physician or registered nurse reading test _____

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

****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 J Pediatrics 1988; 113:504-6)



MENINGOCOCCAL AND HEPATITIS B RISK ACKNOWLEDGEMENT

All students entering the University of Southern Indiana for the first time must meet the immunization requirements of the University and Indiana Code 20-12-71 enacted by the 2002 Indiana General Assembly. Under these requirements, a postsecondary institution in which an individual intends to enroll shall provide detailed information on the risks associated with Meningococcal and Hepatitis B diseases and the availability and effectiveness of vaccines.

I acknowledge that I have read the information provided concerning the risks associated with two communicable, life-threatening diseases, Meningococcal and Hepatitis B. Although these immunizations are not mandatory, I recognize that they are strongly recommended.

Signature: _____ USI ID# _____
Student at least eighteen (18) years of age

Or

Signature: _____
Parent or guardian, if student is less than eighteen (18) years of age

****Please complete this acknowledgement and submit with the enclosed Student Immunization Form to complete your immunization record.****

THIS FORM MUST BE RETURNED



University of Southern Indiana 2009–2010 Housing/Food Service Contract

OFFICE USE ONLY
Building: _____ Apt/Room#: _____

Please type or print clearly. Complete instructions are given in the 2008–2009 Housing/Food Service Booklet.

- Contract Period: _____ 2009–2010 Academic Year (Fall and Spring) _____ Spring Semester 2010 ONLY
- Name: _____ Last First Middle 3. Gender: _____ Male _____ Female
- Student Identification Number: _____ 5. Phone (cell) _____ 6. Phone (home) _____ 7. Birth date _____
- Permanent address: Street/Box _____
City _____ State _____ Zip _____
- E-mail address: _____
- Emergency contact person: _____ Relationship _____ Phone (home) _____
Contact person's address: _____ Phone (work) _____
Contact person's e-mail address: _____ Phone (cell) _____
- Special services needed: _____
Please explain _____
- Your preferences:
Keeps room tidy _____ Yes _____ No _____ No preference
Likes loud music _____ Yes _____ No _____ No preference
Early riser _____ Yes _____ No _____ No preference
Goes to bed early _____ Yes _____ No _____ No preference
- I am claimed on my parent(s) 2008 tax statement(s) as a dependent. _____ Yes _____ No
- Living Learning Communities* (For students interested in residence hall living only, see the *Housing/Food Services Booklet* for more information.):
_____ Emerging Leaders _____ Nursing/Health Professions _____ Business _____ Elementary Education
_____ Honors _____ Science, Technology, Engineering, Math _____ Global Community _____ Liberal Arts
_____ Social Work _____ Sophomore Year _____ Exploring Majors

CASHIER'S OFFICE USE ONLY
Contract and Deposit Received On: _____

*For Living Learning Communities, you must fill out the enclosed *USI Living Learning Community Application*. Send it in with your completed 2009–2010 *Housing/Food Service Contract* and deposit. Applications are due by **March 1, 2009**.

For questions 13 and 14, use the table below:

- Room Selection:** Indicate preference by circling and placing a 1 for first preference, and 2 for second preference under the appropriate column to the right of your preferred living arrangement. If your first choice is unavailable, you will be assigned to your second, or next available location.
- Meal Plan:** Indicate your meal plan choice by placing a check next to the meal plan in the "Preference" column below. If you are placed in the residence hall, you must choose from the Red, White, or Blue plan. If a meal plan is not chosen and you are placed in the residence hall, the White meal plan will be automatically assigned.

ROOM Preferences: <i>(See Housing/Food Service Booklet)</i>	Rates <i>per semester</i>	1st	2nd	MEAL Plans: <i>(See Housing/Food Service Booklet)</i>	Rates <i>per semester</i>	Preference
Residence Hall Suite				Select one: Red Eagle Plan*	\$1,625	
4 person/2 bedroom suite	\$1,725			White Eagle Plan*	\$1,625	
Single bedroom*/1 bedroom* (limited availability)	\$2,626			Blue Eagle Plan*	\$1,625	
Campus Apartments – Two Bedroom				Titanium Club Plan*	\$1,089	
4 person/2 bedroom	\$1,725			Platinum Club Plan*	\$799	
Super-Single bedroom*** (limited availability)	\$3,090			Gold Club Plan*	\$570	
Campus Apartments – One Bedroom				* All meal plans include dinners and lunches in the Loft. See <i>Housing/Food Service Booklet</i> for difference in plans ** Super-Single bedrooms include a double bed and an entertainment center. + Private bathroom		
2 person/1 bedroom	\$2,084					
Super-Single bedroom*** (limited availability)	\$3,878					

These rates have been set for the 2009–2010 Academic Year by the USI Board of Trustees. At any time, the Board of Trustees may elect to change the rates. Should a rate change occur, residents will be notified in writing by the University. Changes in Residence Lifefood service rates will not be considered grounds for contract termination.

- Are you transferring from another institution? _____ Yes _____ No If so, from where are you transferring? _____
- Roommate preference*: Student ID Number _____ Telephone number _____
(Do not provide a name.) (Student ID number is required.)
***To receive your roommate preference, request must be mutual and be in the same room-preference category. You also must send in your completed contract and \$200 deposit by March 1, 2009.**
- I would be interested in living with an international student. _____ Yes _____ No
- Have you ever been convicted of a felony or any crime against another person(s)? _____ Yes _____ No
- Are you a 21st Century Scholar? _____ Yes _____ No

I acknowledge receipt of the 2009–2010 *Housing/Food Service Booklet* and have read and agree to abide by the same, which are incorporated in this contract by this reference and made a part hereof. I also acknowledge that I have not been convicted of a felony. THIS CONTRACT COVERS THE PERIOD FROM MY CHECK-IN THROUGH THE CLOSING DATE INDICATED IN THE CONTRACT AND IS BINDING FOR THE ENTIRE PERIOD. I agree to abide by the regulations of the University and the terms and conditions of the 2009–2010 *Housing/Food Service Booklet* and the 2009–2010 *Student Planner*. Failure to abide by this contract or the guidebook is cause for action by the Department of Housing and Residence Life and the University of Southern Indiana.

Student's signature: _____ Date: _____
Parent/guardian's signature: _____ Date: _____
(Parent or guardian signature is required when the student is under 18 years of age at the signing of this contract.)

CONTRACT ACCEPTANCE

This contract is an academic year contract and is binding from receipt of your contract and deposit of \$200 through May 9, 2010.

Payment by Check or Money Order

Include your name and Student ID number on the check or money order to ensure that your payment is credited properly.

Payment by Credit Card

The University of Southern Indiana accepts MasterCard, Visa, or Discover payments. To use one of these credit cards to pay your deposit, you must apply online or turn your contract in at the USI Cashier's window. The University will not accept credit card payments over the telephone.

The University of Southern Indiana does not waive its governmental immunity by entering into this contract and fully retains all immunities and defenses provided by law with regard to any action based on this contract. This contract does not create a landlord-tenant relationship (see Indiana's Security Deposit Act—IC 32-7-5-1 et seq.) between the University and the student.

CONTRACT ELIGIBILITY

Students desiring to live in University housing must maintain nine (9) or more credit hours per semester. Exceptions to this requirement are those students who are enrolled in the University Options program, who are conditionally admitted to the University, or who have written approval from the director of Residence Life.

Students who are not making academic progress in their classes (i.e., failing to attend classes, being dropped from class for non-attendance, etc.) are considered in breach of contract and face contract termination (see **CONTRACT TERMINATION BY UNIVERSITY**).

CONTRACT MODIFICATIONS

Student-initiated modifications and/or exceptions to the Housing/Food Service Contract are not allowed. Students who believe they have a special circumstance must contact the department of Housing and Residence Life in writing or by e-mail at living@usi.edu. Residence Life reserves the right to modify the provision of services in whatever manner it determines appropriate to better serve student needs.

CONTRACT CANCELLATION

Full cancellation provisions apply under the following situations (see **CONTRACT CANCELLATION FEES**). Deposits are forfeited for any cancelled contract after April 1, 2009, for current residents and after June 1, 2009, for new students, even for contracts signed after these deadlines. A forfeited deposit cannot be used toward any Residence Life or University charges, including damage billings.

If you cancel your contract prior to the aforementioned deadlines, your deposit will be refunded. This cancellation must be done in writing either by sending a letter to the department of Housing and Residence life, e-mailing living@usi.edu, or filling out the online form at www.usi.edu/res.

CONTRACT TERMINATION BY UNIVERSITY

The following situations may be cause for contract termination by the University:

- Delinquent account (non-payment)
- Disciplinary action
- Failure to carry nine or more credit hours (three or more hours in summer session)
- Failure to submit immunization records
- Failure to make academic progress

The University, in the event of any disaster leaving University facilities or any portion thereof uninhabitable or inoperable for more than seven (7) continuous days, may cancel this contract. In addition to all rights contained herein of cancellation, declaration of default, or termination, the University reserves the right to cancel this contract without cause thirty (30) days after mailing written notice of cancellation to the student at the most recent address supplied to the University by the student. Notice will be mailed by certified mail, return receipt request. If the University elects cancellation under this provision, the University will refund any money due to the student according to the refund provisions of this contract.

CONTRACT RELEASE PROCESS

A student may request to be released from this contract prior to the end of the contract period for any one of the following reasons:

- Marriage as evidenced by a marriage certificate (marriage must have occurred during the contract period)
- Graduation from the institution
- Withdrawal from the institution after September 1, 2009, for Academic Year contract, and after January 14, 2010, for spring-only contract
- Assignment to a University-sponsored internship program, research project, co-op program, student teaching, military service, or other program that requires living away from Evansville or the Vanderburgh County area
- A significant, unavoidable, and unanticipated change in circumstances beyond the resident's control, which occurs after the contract begins

Finding less expensive housing off-campus, failing to get desired room assignment or roommates, being judicially removed from housing, or failing to receive financial aid because of ineligibility will not be considered a valid reason for contract release without the application of contract cancellation fees or refund of deposit. All cancellation penalties will be applied.

In order to provide information to state and University auditors' offices, students are required to provide documentation that verifies their request. Verification must be in the form of financial records, medical releases, unemployment notifications, etc. Personal letters from parents or students with no additional forms of documentation do not provide sufficient verification. Review is based on the student's initial claims of hardship. Additional claims after review will not be considered.

Withdrawal from the University

If you withdraw from the University of Southern Indiana during the contract period, you must:

- Contact the Registrar's Office and withdraw from classes
- Complete a Contract Cancellation/Deposit Request form
- Contact the Food Service office if you have a meal plan
- Contact the Financial Assistance Office if you have any form of financial assistance

Move out of Housing and Residence Life facilities within 24 hours of your withdrawal date.

A Contract Cancellation/Deposit Request form must be on file in the Residence Life Center. Any unused portion of room and board will be credited to your account and will be based on the date you officially checked out of Residence Life. Students who withdraw prior to, or as a result of, pending judicial action will be assessed full cancellation fees as outlined in this contract. **This contract continues until such time as Residence Life approves an official contract release and the student vacates the facilities. Any property left in unit after vacating will be considered abandoned and disposed of.**

No-Shows

An applicant who does not officially check into an assigned room by 4 p.m. on the first day of classes will be considered a no-show and the contract will be terminated. A cancellation fee of \$200 will be assessed and the deposit will be forfeited. If you will be arriving past the 4 p.m. deadline on the first day of class, see Late Check In information in the contract booklet.

CONTRACT RELEASE PROCEDURE

Contract Cancellation/Deposit Request forms are available in the Residence Life Center or online at www.usi.edu/res. You must write a summary explaining the grounds for your request and must attach any supporting documentation regarding this summary. The director of Residence Life, or his/her designee, will review your request. You will then receive a formal response (within 10 business days) from the reviewer indicating the decision rendered. Failure to provide supporting documentation may result in denial of any refund.

HOUSING CONTRACT CANCELLATION FEES

A student who voluntarily, or for any of the reasons listed under "Contract Cancellation," "Contract Termination by University," or "Contract Release Process," officially cancels their housing after checking in will forfeit the deposit and be assessed cancellation fees based on the following schedule. Cancellation fees are assessed to recoup part of the spring semester cost for housing:

Cancellation Fee Schedule for 2009–2010 Academic Year Contract

Week 1: 10% of the fall semester fee, plus 40% of the spring semester fee
Week 2: 20% of the fall semester fee, plus 40% of the spring semester fee
Week 3: 30% of the fall semester fee, plus 40% of the spring semester fee
Week 4: 40% of the fall semester fee, plus 40% of the spring semester fee
A billing week for Housing starts on Sunday and ends on Saturday

Cancellation Fee Schedule for Spring 2010 only Contract:

Before the 4th week: 40% of the spring semester fee
After the 4th week: No housing refund

NOTE: Cancelled private rooms will result in the same penalties, even if the student remains in housing.

MEAL PLAN CANCELLATION FEES (through Food Service)

Red Eagle, White Eagle, and Blue Eagle Meal Plan Cancellation*

Week 1: 10% of the Meal Plan Fee
Week 2: 20% of the meal plan fee
Week 3: 30% of the meal plan fee
Week 4: 40% of the meal plan fee

After the 4th week: No meal plan refund

- A billing week for the meal plan begins on Friday and ends on Thursday. Cancelled meal plans begin on the Friday following review and approval by the Food Service Appeal Committee.
- Cancellation of meal plans must be handled in person at the Food Service office, 812/464-1859, located on the lower level of the University Center. With approval of your meal plan cancellation, dining dollars are refundable for the full unused amount.
- **Titanium, Platinum, and Gold Meal Plan Cancellation:** These plan options are non-refundable unless requested within four weeks from the date of purchase. Proof of withdrawal from the University and housing will be necessary for the refund process.

BREACH OF CONTRACT

The University reserves the right to terminate the contract if a resident fails to comply with any of the rules and regulations contained herein. The following process will be followed in cases of contract termination:

- Notice of alleged violation
- Meeting with a Residence Life administrator
- Notice of contract termination
- Eviction may take place immediately upon notice

Decisions of the director of Residence Life or his/her designee are final. No additional appeals are afforded under this contract. Students may be required to follow the *USI Student Rights and Responsibilities* disciplinary process at the discretion of the director of Residence life or his/her designee. In these cases, charges will be filed through the assistant director for Student Conduct.

CONTRACT TRANSFER

The Housing/Food Service Contract may not be transferred or reassigned. Meal access and facilities may be used only by the assigned individual(s). Deposits may not be transferred from person to person.

BILLING INFORMATION

Students who register early will receive a University bill approximately six weeks before classes begin. Students attending open registration are expected to pay their balance in full at that time. Students will not be permitted to re-enroll or receive transcripts if any University charge is unpaid. Any financial assistance received will be applied to the balance owed, regardless of payment arrangements. Any funds that remain after all charges are paid will be refunded by the Bursar's office.

Breach of Payment

Upon breach of any of these terms, the University may declare you in default. All default decisions made by the University are final. Acceptance by the University of student payments after default does not rectify your default unless full payment of total assessment is received. Upon declaration of default, the University may:

- Declare the entire amount due and payable
- Restrict room access by re-coring the apartment door lock (\$60 charge) or re-coding a residence hall lock (\$60 charge)
- Take any other appropriate action as authorized by University regulations

All costs incurred by the University when attempting to collect a debt are charged to the student.

INTERNATIONAL STUDENT TRANSFER FORM

The INTERNATIONAL STUDENT TRANSFER FORM must be completed by international applicants who are applying to the University of Southern Indiana and ATTENDING ANOTHER SCHOOL IN THE U.S. This form is a necessary part of the application process for those attending another U.S. school (high school or university). Please give this form to the foreign student advisor at the school where you are currently enrolled. If you are not attending an institution at this time and are in the United States, this form should be completed by the foreign student advisor at the school you most recently attended.

TO BE COMPLETED BY APPLICANT:

Name _____

Address _____

City/State/Zip Code _____

Telephone _____

Signature _____

You should attach to this form photocopies of:

- a. Your most recent I-20 (front and back).
- b. Your I-94 (front & back). This is a small white card stapled in your passport.
- c. The U.S. Visa page from your passport.
- d. The identification page from your passport. (The page with your photograph.)

After you have completed the above spaces and attached items a-d, give the form and photocopies to your international advisor.

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR:

1. Is this student currently enrolled at your institution? _____yes _____no

2. Is this student in F-1 status? _____yes _____no
(If "no", list status _____)

3. Date student first began F-1 status: _____to _____
At what institution _____

4. Dates of full time enrollment at your institution (if different from above)
_____to _____

5. Is this student in status with the Immigration and Naturalization Service?

6. Would this student be permitted to continue or return to your institution?
_____yes _____no (If "no", please explain) _____

Additional comments:

Name _____

Title _____

Institution _____

Signature _____ Date _____

Please return to: **Office of Admission**
University of Southern Indiana
8600 University Boulevard
Evansville, IN 47712
USA



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

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

General \$85 _____

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

* 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) _____

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

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.

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 <u>one complete set of photocopies.</u>	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 <u>one complete set of photocopies.</u>	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.

University of Southern Indiana

Application for Graduate Admission

Type or use ballpoint pen

SOCIAL SECURITY NUMBER: _____ - _____ - _____

TERM FOR WHICH YOU ARE APPLYING:

YEAR _____ FALL SPRING SUMMER I SUMMER II SUMMER III

LEGAL NAME _____
LAST FIRST MIDDLE MAIDEN

MAILING ADDRESS _____
STREET COUNTY
CITY STATE (COUNTRY) ZIP CODE

PERMANENT ADDRESS _____
STREET COUNTY
CITY STATE (COUNTRY) ZIP CODE

HOME TELEPHONE _____ E-MAIL _____
(AREA CODE) NUMBER

SEX: MALE FEMALE MARITAL STATUS: MARRIED SINGLE/OTHER DATE OF BIRTH _____
MONTH DAY YEAR

PLACE OF BIRTH _____
CITY STATE (COUNTRY)

ARE YOU A RESIDENT OF INDIANA? YES IF YES, SINCE WHAT DATE? _____
 NO IF NO, WHAT COUNTY AND STATE? _____

ARE YOU A VETERAN OF THE U.S. ARMED FORCES? YES NO

CITIZENSHIP (CHECK ONE): U.S. CITIZEN RESIDENT ALIEN NON-RESIDENT ALIEN
If not a U.S. citizen, provide the following information:

COUNTRY OF CITIZENSHIP _____

SPECIFY VISA TYPE OR ALIEN REGISTRATION NUMBER _____

WHAT IS YOUR NATIVE LANGUAGE? _____
(If not English, please attach copy of official TOEFL scores)

To monitor compliance with civil rights legislation, federal and state agencies require universities to describe their racial/ethnic population. Your response to the following will not affect your admission. Please check all the categories that apply to describe your racial/ethnic background.

- AMERICAN INDIAN OR ALASKAN NATIVE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 HISPANIC BLACK OR AFRICAN AMERICAN WHITE ASIAN

EMERGENCY CONTACT

NAME _____
LAST FIRST MIDDLE

PARENT SPOUSE SIBLING OTHER TELEPHONE NUMBER _____
(AREA CODE) NUMBER

PLEASE LIST ANY HEALTH FACTORS (PHYSICAL OR EMOTIONAL) OF WHICH THE UNIVERSITY SHOULD BE AWARE.

CERTIFICATION

**TO BE COMPLETE, THIS FORM MUST BE SIGNED BELOW BY THE APPLICANT
AND ACCOMPANIED BY THE \$25 APPLICATION FEE.**

I understand that failure to submit all required materials, withholding information requested on this form, or giving false information may make me ineligible for admission to the university or subject to dismissal. I certify that the statements I have made on this form are correct and complete.

SIGNATURE _____ DATE _____

GRADUATE APPLICATION FOLLOW-UP RECORD

DO NOT WRITE IN THIS SPACE

APPLICATION FEE PAID YES NO Ck. No. _____ Sem. Prev. Pd. _____

UGR. GPA from bacc.-granting institution _____ GR. HRS. _____ GR. GPA _____

OFFICIAL TRANSCRIPTS (ONE FROM EACH INSTITUTION ATTENDED)

DECISION ELIGIBLE TO BEGIN GRADUATE STUDIES NOT ELIGIBLE TO BEGIN GRADUATE STUDIES

CONDITIONAL ELIGIBILITY _____

DATE _____

DIRECTOR, GRADUATE STUDIES

GMAT _____ GRE: VERBAL _____ QUANT _____ ANALY _____ ADVANCED GRE IN _____

TOEFL _____ NTE SCORE RESULTS RECEIVED Yes No PPST SCORE RESULTS RECEIVED Yes No



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