

# West Texas A&M University

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.	2 Page International Student Application for Admission Form
2.	US\$140 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 statement
7.	2 letters of recommendation (optional)
8.	Study plan
9.	Copy of student's passport
10.	Application for Housing

### ENGLISH ONLY

WTAMU/ESLI ONLY \_\_\_\_\_ START DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

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3.	Sponsor's Financial Guarantee form, signed by sponsor
4.	Original Sponsor's Bank statement
5.	Copy of student's 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](mailto:esli@esli-intl.com)

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



# WEST TEXAS A&M UNIVERSITY INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Return all admission material to:  
International Student Office  
WTAMU Box 60745  
Canyon, Texas 79016-0001  
U.S.A.

For more information concerning the admission process, telephone (806)651-2073 or fax (806)651-2071.

**NOTE:** A non-refundable evaluation/application fee of \$75 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 West Texas A&M University \_\_\_\_\_

Type of degree you are seeking: bachelor's degree \_\_\_\_\_ master's degree—thesis (research) \_\_\_\_\_ master's degree—non-thesis \_\_\_\_\_

Have you taken the ACT/SAT? yes \_\_\_\_\_ no \_\_\_\_\_ Were your scores sent to WTAMU? 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 WTAMU? 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 \_\_\_\_\_ (WTAMU requires a TOEFL score of 525 for undergraduate students, 550 for graduate students.)

Has your official TOEFL score been sent to WTAMU? 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 West Texas A&M University? \_\_\_\_\_

Were you referred to West Texas A&M University 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 \_\_\_\_\_

**West Texas A&M University serves people of all ages regardless of socioeconomic level, race, color, gender, religion, disability or national origin. WTAMU 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 WEST TEXAS A&M UNIVERSITY OR DISMISSAL FROM THE UNIVERSITY. I understand that as a student of West Texas A&M University, 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 \_\_\_\_\_



International Student Office

## SPONSOR'S FINANCIAL STATEMENT

Name of Applicant \_\_\_\_\_  
(Family name) (First name)

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

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's name (Print) \_\_\_\_\_

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

Sponsor's Address \_\_\_\_\_

Sponsor's e-mail address \_\_\_\_\_

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

Name	Relationship	Date of Birth	Country of Birth

An additional US \$3,000 for spouse and \$1,500 for each dependant will be required in financial support.

**Note:** A bank letter must be attached to this form providing evidence of the funds available to meet the expenses of the student.

I, \_\_\_\_\_ (Applicant's name) certify that the information provided above is correct and complete and that I am responsible for all expenses incurred during my study at West Texas A&M University not covered by the sponsor.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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WEST TEXAS A&M UNIVERSITY  
Department of Residential Living

APPLICATION FOR HOUSING

PLEASE PRINT OR TYPE ONLY

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(last) (first) (M.I.)

Drivers License No: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

College Classification: 1st Semester Freshman Junior  
(Please Circle One) 2nd or more Semester Freshman Senior  
Sophomore Graduate

Parent or Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Semester Applying for: (fill in the year of all that apply)

Fall 19 \_\_\_\_ Spring 19 \_\_\_\_ 1st Summer 19 \_\_\_\_ 2nd Summer 19 \_\_\_\_

Roommate Preference: \_\_\_\_\_ Hall Preference: \_\_\_\_\_  
(Both must request each other)

Would you prefer a non-smoking roommate? Yes \_\_\_\_ No \_\_\_\_

If possible, rooms are assigned on the basis of student requests. In the absence of requests, the assignment will be made at random. All applications are received and assigned without regard to race, color or national origin. Refrigerators are assigned on a first-come, first-served basis unless a valid medical need is involved. If you have any requirements that require special attention by the Office of Residential Living, please attach them to the application.

Rooms are contracted for the academic year (fall and spring), spring only, or for either or both summer semesters. Room deposit is \$100. Should a refund be desired, you must notify the Office of Residential Living in writing by **Aug. 1** for the fall semester, **Dec. 15** for the spring semester, **May 15** for the first summer semester and **June 15** for the second summer semester. Drivers license state and number are required on all payments made by check.

RETURN APPLICATION WITH DEPOSIT ENCLOSED TO: RESIDENTIAL LIVING  
WTAMU BOX 878  
CANYON, TEXAS 79016-0001

(ROOM DEPOSIT IS \$100)

.....  
(office use only)

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Hall: \_\_\_\_\_ Room: \_\_\_\_\_ Semester effective: \_\_\_\_\_



International Student Office

**TRANSFER STUDENT FORM**

SECTION I – To be completed by applicant.

\* Please attach a copy of I-20, I-94 card, Visa page, and Passport page

Name: \_\_\_\_\_  
(Family 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/yr)

Alternative contact address: \_\_\_\_\_  
(Street and Number) City State Zip code

Alternative telephone number: \_\_\_\_\_  
(Area code) (Number)

Intended start term:  Fall  Spring  Summer (check one), year \_\_\_\_\_

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

Home permanent address: \_\_\_\_\_  
(Street and Number) City State Zip code

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

Please list dependents:

\_\_\_\_\_  
(Family name) (First name) (Date of birth) (Country of citizenship) (Country of birth) (Relationship)

\_\_\_\_\_  
(Family name) (First name) (Date of birth) (Country of citizenship) (Country of birth) (Relationship)

Student signature \_\_\_\_\_ Date \_\_\_\_\_

A Member of The Texas A&M University System





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

# West Texas A&M University Student Immunization Form

West Texas A&M University ESLI policy requires 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 WTAMU ESLI prior to the start of your first semester. Call 360-724-0547 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):**

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

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Address

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Phone

FAX

---

Signature

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**\* 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)



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