Application for Enrollment

| \square Spring 2020 | □*Summer 2020 | ☐Fall 2020 | \square Spring 2021 | |
|---|---|---|--|--|
| ype) January – May June - August | | September - Dec | cember January – May | |
| ıbject to availability | | | | |
| | <u>-</u> | study: | | |
| Last Name (Family Name) | | Middle: | Middle: | |
| Married: | Date of Birth: | Highest (| Certificate or Degree Earned: | |
| e □Yes □No | - 7 | | | |
| attend the University o | f Guam? □Yes □No If | YES, what do you pla | in to study? | |
| : ☐ Beginning (○ | No English ○ Some English | sh) 🗆 Intermedi | ate | |
| : | Country of Citi | zenship: | | |
| e Address | | ļ. | | |
| State/ | State/Province: | | Postal Code: | |
| Phone | Phone number: | | E-mail: | |
| ar about the English L | anguage Institute? | | | |
| site | | , | | |
| end | ☐ ELI Brochure | ☐ Other | | |
| | | | | |
| of Applicant | | | Date | |
| | January – May **Ibject to availability** Num onal Information (NA by Name) Married: e | January – May June - August **Ibject to availability** Number of terms you wish to onal Information (NAME AS IT APPEARS ON PASSPORT) Ty Name) Married: Date of Birth: Pattend the University of Guam? □Yes □No If Beginning (○ No English ○ Some English: Country of Cities Address State/Province: Phone number: ar about the English Language Institute? Site □ Education agency (pleased) ELI Brochure | January – May June - August September - Declaribject to availability Number of terms you wish to study: Onal Information (NAME AS IT APPEARS ON PASSPORT) By Name) First: Middle: Married: Date of Birth: Highest of Birth: Day: Year: Attend the University of Guam? Dyes DNo If YES, what do you plant of Country of Citizenship: Country of Citizenship: Address State/Province: Postal Code Phone number: E-mail: Date of Birth: Highest of Country of Citizenship: Country of Citizenship: Beginning (o No English o Some English) Description of Country of Citizenship: Beginning (o No English o Some English) Description of Country of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o No English o Some English) Description of Citizenship: Beginning (o N | |

Program Cost (Estimated) *Does not include transportation cost.

| TERM: | SPRING | SUMMER | FALL |
|-------------------|------------|------------|------------|
| ELI Tuition Fee: | \$2,800.00 | \$2,800.00 | \$2,800.00 |
| University Fees: | \$249.00 | \$198.50 | \$249.00 |
| *Living Expenses: | \$3,600.00 | \$3,600.00 | \$3,600.00 |
| Books: | \$200.00 | \$200.00 | \$200.00 |
| TOTAL: | \$6,849.00 | \$6,798.50 | \$6,849.00 |

Don't forget to include with application:

All Applicants

o Sign Application

- ∘ Complete and Sign Medical History Form ∘ UOG Student Health Service form signed by Medical Doctor/Nurse
- \$352.00 Registration/Application Fee (Non-Refundable) -Make Money Order or Check payable to University of Guam/ELI –To pay by credit card, please fill out Authorization for Credit Card Payment form

For I-20/F1

o Copy of Current Passport & Passport of Dependant(s) if any o Copy of Bank statement(s) translated in English & US Currency (\$) o Provide Proof of Medical/Health Insurance upon approval of F-1 visa for the duration of ELI Term(s) Application for transfer only: Please submit transfer information sheet from your current school I-20 and I-94 Please mail the application to: UOG/ELI, UOG Station, Mangilao, Guam 96923 or fax to: (671)734-1233 Or EMAIL to: elienglish@triton.uog.edu

Section 2: Application for I-20:

Form I-20 is a federal document that states that a foreign student is able to pay for the cost of studying at our institute. Applicants need Form I-20 to apply for a student visa (F-1 visa). Your F-1 Visa will permit you to enter Guam in order to study at the University of Guam (UOG), English Language Institute (ELI). To issue an I-20, Sections 2, 3 & 4 must be completed.

| I need to apply for a | • | | | | |
|---|---|---|--|--|---|
| ☐ Student Visa (F-1) | | | | | |
| Are you bringing in depe | ndent(s) with you? | ☐ Yes | □ No | If "Yes" How Many: | |
| Provide evidence that approxima | tely \$4,000 per term/per | dependent is | available abov | e the amount required for you: | |
| Name | Birth Date | Country of | of Birth/ Citizens | ship Relationship | Gender |
| | | | | | |
| | | | | | |
| ☐ Transfer I-20 (Submit Transfer I-20) | nsfer Information Sh | eet) | | | |
| ☐ Change of Visa Status – | What is your curre | nt status | on Guam? | | |
| Letter of admission and I-2 | 0 should be sent to | : (if differe | ent from perr | nanent home address) | |
| Last Name (Family Name): | | Firs | t: | Middle | <u>:</u> |
| Street: | | | | | |
| City: | State/Province: | | | Postal Code: | |
| Fax: | Phone number: | | | E-mail: | |
| _ T un. | STATEMENT OF | | ** 550004 | | |
| Section 3: Source of Fur | | | | | |
| | Ido / I IIIdiioidi Co | Idi di itoc | IIIIOIIIIaaa | <u></u> | |
| studying at the University of Please attach a recent state sponsor's bank. This state study with us. Source of fun | tement of financial ment should confirm | guarantee n that you | from your have at lea | bank, your family's ban | nk, or from your |
| □ Personal Funds | | Amou | ınt Guarante | ed: \$ | |
| □ Parent - <i>Name</i> : | | | | \$ | |
| □ Sponsor - Name: | | | | \$ | |
| Relationship to Studer | nt: | | | | |
| I certify that the above informati support my study are available | ion is correct, that I into | end to regis | ter for this pro | ogram if admitted, and that | the funds to |
| Sigr | nature of Applicant | | | Date | |
| Section 4: Sponsorship L Applicants must have their part the funds are available and wi The undersigned agrees to be the student is in the English | rent/sponsor comple ill be provided as req be fully responsible f | ete the sec quired. Ba for all expe | tion below of the statemen enses for the | r send a separate letter to t(s) must be attached to student named in this a | to us certifying the guarantee funds |
| | | | - | | |
| Name of Sponsor: | | | Relationsni | p to student: | |
| Sponsor's address: | | | | | |
| | | | | | |

Date

Signature of Sponsor

| Authorization for credit card payment of: \$352.00 Registration/Application Fee (Non Refundable) | | | | | |
|--|---|--|--|--|--|
| ELI Term: ☐Fall 2018 ☐Spring 2019 ☐Summ | ner 2019 □Fall 2019 | | | | |
| Complete this information: ☐ MasterCard ☐ Visa ☐ Amex ☐ Other | | | | | |
| Account Number Expiration Da | ate 3Digit Verification No. | | | | |
| Cardholder's Name Cardholder's Signature | | | | | |
| | 4522 2936 2900 3442 643 — 3 DIGIT VERIFICATION NUMBER | | | | |