Application for Enrollment

Term of	f entry: □Fall 2	2018 ⊔ Spring	2019	∐Sum r	mer 2019	∐Fall 2019		
(Please Type)	Sept.13 –	ec 20 Jan 24 – A	pril 30	May 23	– Aug. 27	Sept. 12 – Dec. 19		
Number of terms you wish to study:								
Section 1: Personal Information (NAME AS IT APPEARS ON PASSPORT)								
Last Name (Family Nam	ne)	First:		Middle:				
Sex:	Married:	Date of Birth:			Highest Cer	rtificate or Degree Earned:		
□Male □Female	□Yes □No	Month: Day	: Ye	ar:				
Do you plan to attend the University of Guam? □Yes □No If YES, what do you plan to study?								
ENGLISH LEVEL: ☐ Beginning (○ No English ○ Some English) ☐ Intermediate ☐ Advanced								
Country of Birth: Country of Citizenship:								
Permanent Home Address Street:								
City:	City: State/P		Province:		Postal Code:			
Fax:	Phone number:			E-1	E-mail:			
How did you hear abo	out the English La	nguage Institute?						
☐ UOG Website	· ·	☐ Education agen	Cy (please	e name)				
□ Family/Friend □ ELI Brochure □ Other								
Signature of Applicant						Date		

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

Sign Application

- o Complete and Sign Medical History Form o 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

○ Copy of Current Passport & Passport of Dependant(s) if any ○ Copy of Bank statement(s) translated in English & US Currency (\$) ○ 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						
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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:	□ Sponsor - Name:			\$		
Relationship to Studer	Relationship to Student:					
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				
<u>Complete this information</u> : □ MasterCard □ Visa □ Amex □ Other					
Account Number Expiration Da	ate 3Digit Verification No.				
Cardholder's Name Cardho	Ider's Signature				
	4522 2936 2900 3442 643 — 3 DIGIT VERIFICATION NUMBER				