Application for Enrollment

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mmer Term is subje	-		aterials is
Section 1: Person		nber of terms you wish to st AME AS IT APPEARS ON PASSPORT)	study:
Last Name (Family Na		First:	Middle:
Sex:	Married:	Date of Birth:	Highest Certificate or Degree Earned:
□Male □Female	□Yes □No	Month: Day: Ye	ear:
ENGLISH LEVEL:	□ Beginning (o	No English ○ Some English,	n) □ Intermediate □ Advanced
Country of Birth: Permanent Home Ac Street:		Country of Citize	
Country of Birth: Permanent Home Ad	ddress		
Country of Birth: Permanent Home Ad Street:	ddress State.	Country of Citize	enship:
Country of Birth: Permanent Home Ad Street: City:	State Phon	Country of Citize /Province: e number: _anguage Institute?	enship: Postal Code:

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

TERM:	SPRING	SUMMER	FALL
ELI Tuition:	\$2,800.00	\$2,800.00	\$2,800.00
ELI Registration Fee (per term):	\$52.00	\$52.00	\$52.00
University Fees:	\$403.00	\$315.50	\$403.00
*Living Expenses:	\$3,600.00	\$3,600.00	\$3,600.00
Books:	\$200.00	\$200.00	\$200.00
TOTAL:	\$7,055.00	\$6,967.50	\$7,055.00

Don't forget to include with application: <u>All Applicants</u>

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

○ 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 emply for a			
I need to apply for a ☐ Student Visa (F-1)			
` ,	endent(s) with you? Yes	No If "Ves" How Many:	
	ately \$4,000 per term/per dependent is avail		
Name		th/ Citizenship Relationship Gende	er
		, , , , , , , , , , , , , , , , , , , ,	
☐ Transfer I-20 (Submit Trai	nsfer Information Sheet)		
	- What is your current status on Gu	uam?	
Letter of admission and 1-2	0 should be sent to: (if different fr	· ·	
Last Name (Family Name):	First:	Middle:	
Street:			
City:	State/Province:	Postal Code:	
Fax:	Phone number:	E-mail:	
	STATEMENT OF FINANCIAL R	RESPONSIBILITY	
Section 3: Source of Fu	nds / Financial Guarantee Info	ormation	
studying at the University of Please attach a recent state sponsor's bank. This state	of Guam English Language Institement of financial guarantee from	or their educational and living expenses titute. Fees must be paid in full at registrom your bank, your family's bank, or from ve at least \$6,849.00 for EACH TERM yo	ration. n your
□ Personal Funds	Amount G	Guaranteed: \$	
□ Parent - Name:			
Relationship to Studer		_	
·		_	
	ion is correct, that I intend to register fo and will be provided as required.	or this program if admitted, and that the funds to	
Sign	nature of Applicant	Date	
Section 4. Spancarchin I	ottor (Var. da mathaus to fill this a		"\
Applicants must have their pa	rent/sponsor complete the section	section if your source of funds is "personal funds' below or send a separate letter to us certify tatement(s) must be attached to guarantee f	ing that
	be fully responsible for all expenses Language Institute at the Universit	es for the student named in this application v ty of Guam.	while
Name of Sponsor:	Relat	tionship to student:	
			_
Sponsor's address:			_

Date

Signature of Sponsor

Authorization for credit card payment of: \$352.00 Registration/Application Fee (Non Refundable)							
ELI Term : □s	ummer 2021	Fall 2021 □Sp	ring 2022	☐Summer 2022	2		
<u>Complete this information</u> : ☐ MasterCard ☐ Visa ☐ Amex ☐ Other							
Account Number		Expiration	Date	3Digit Verification N	0.		
Cardholder's Name		Card	holder's Sign	ature			
			4522 (:936 2900 1442 <mark>643</mark> -	—3 DIGIT VERIFICATION NUMBER		