



# ESL Intensive English Program

[www.esl.uwm.edu](http://www.esl.uwm.edu)

Tel: +1-414-229-5757; Fax: +1-414-229-6258

## NEW STUDENT APPLICATION AND REGISTRATION

Complete both sides of application form. Mail original signed and dated application to address below.

Initial payment must be made at time of application by wire transfer, e-payment, check or money order to the University of Wisconsin-Milwaukee.

Initial payment: \$125 registration fee (non refundable); \$300 tuition deposit; optional \$75 payment for express mail service of I-20 documents. Otherwise documents will be sent by airmail.

### Mailing Address:

University of Wisconsin-Milwaukee  
ESL Intensive English Program  
Curtin Hall 672  
PO Box 413  
Milwaukee, WI 53201-0413 USA

### For Express Mail Deliveries Only Use Street Address:

University of Wisconsin-Milwaukee  
ESL Intensive English Program  
Curtin Hall 672  
PO Box 413  
3243 N. Downer Ave  
Milwaukee, WI 53211 USA

### Payment Policy

Payment in full is due before the first day of class. A late payment fee of \$25 will be assessed for payments received after the first week of class. Written notification of cancellation must be received in the ESL Programs Office 30 days before the date the course begins for full refund of tuition deposit. No refund is made when notice of cancellation is received after the start of classes. There is no refund of the registration fee.

Family Name \_\_\_\_\_  
(Write your name as on your passport)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Sex:  Female  Male Date of Birth \_\_\_\_\_  
Month Day Year

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

### Address for Admission Materials:

Number and Street \_\_\_\_\_

City State/Province Postal Code Country

Telephone Number (Country code/city code/number) Fax number

Email Address \_\_\_\_\_

### Permanent Home Country Address (if different from above):

Number and Street \_\_\_\_\_

City State/Province Postal Code Country

I understand and accept these conditions, and I state that all the information on this form is true and correct.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant must sign.)

I wish to enroll in the following session:

### Fall Semester 2008

- August 25–December 17 (16 weeks)
- Fall I: August 25–October 17 (8 wks)
  - August 25–September 19
  - September 19–October 17
- Fall II: October 17–December 17 (8 wks)
  - October 17–November 14
  - November 14–December 17

### Spring Semester 2009

- January 16–May 15 (16 weeks)
- Spring I: January 16–March 13 (8 wks)
  - January 16–February 13
  - February 13–March 13
- Spring II: March 20–May 15 (8 wks)
  - March 20–April 17
  - April 17–May 15

**Immigration Information**

- I need an I-20 for an F-1 student visa.
- I am living in the U.S. or I will enter the U.S. on the following visa:
  - F-1     F-2     B-1     B-2     J-1     J-2     Other \_\_\_\_\_
- I am a U.S. citizen or permanent resident.
- I am a transfer student. The institution which issued my I-20 is: \_\_\_\_\_

**For I-20 Applicants Only**

Applicants must show evidence of sufficient funds to cover tuition and living expenses for a full time course of study, using the following estimates.

16 week semester: \$7,700      8 week session: \$4,500      One month: \$2,550

**Proof of financial support is required at the time of application.** Proof can be in the form of a checking, savings, money market, CD account (an attested letter or statement from the financial institution) and/or a letter of award from a government or other sponsoring organization. If the funds are in foreign currency, the statement must include conversion to U.S. dollars. Additional funds for living expenses will be required if the student is accompanied by dependents.

- I will be responsible for payment of all costs.
- My family will be responsible for payment of all costs. (Provide name and address below.)
- A sponsor or organization will be responsible for payment of all costs. (Provide name and address below.)

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

Address: \_\_\_\_\_

Signature for financial support: \_\_\_\_\_

Date \_\_\_\_\_

Signature of person responsible for financial support. A sponsoring organization must send a letter of sponsorship to ESL Programs prior to start of session.

**Will any dependents (spouse, children) accompany you?** If so, please provide the following information (include additional dependents on a separate sheet of paper):

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

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

**Do you wish to apply for university (dormitory) housing?**

Yes  No    If yes, for what dates?    Begin \_\_\_\_\_    End \_\_\_\_\_

**How did you hear about the UWM English as a Second Language Program?**

- UWM ESL Web Page
- Friend or Relative (Name and Address) \_\_\_\_\_
- Present or Past Student at ESL (Name and Address) \_\_\_\_\_
- American Embassy or Consulate (Where) \_\_\_\_\_
- Study/Travel Agency (Name and Address) \_\_\_\_\_
- Bi-National Center (Where) \_\_\_\_\_
- ESL Advertising (Where) \_\_\_\_\_
- Other \_\_\_\_\_