

Personal Information

Name: \_\_\_\_\_  
Last (Family) First (Given) Middle

Gender:  Male  Female Date of Birth: \_\_\_\_\_  
Month/ day/ year

Permanent Foreign Address: \_\_\_\_\_  
Number / Street  
City Country Postal Code

E-mail address: \_\_\_\_\_ Native Language: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
(Include Country Code) (Include Country Code)

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Visa Information

Do you need to apply for an F-1 Student Visa?  Yes  No  
Do you presently have a United States Visa?  Yes  No If Yes, what type? \_\_\_\_\_  
Do you currently attend a school in the United States on an F-1 Visa and plan to transfer to CSU?  Yes  No If Yes, which School? \_\_\_\_\_

Additional Information

- 1. I learned about the English Language Institute at Columbus State University through:  
 Website  Friends/Family  Facebook  Brochure  
 Student Fair  Other \_\_\_\_\_  Agent's name \_\_\_\_\_
- 2. I plan to attend:  Fall Semester (August)  Spring Semester (January) Year: \_\_\_\_\_
- 3. I have taken the TOEFL test:  Yes  No If Yes, what was your score? \_\_\_\_\_
- 4. I want to attend the English Language Institute at Columbus State University:  
 To prepare for undergraduate / graduate studies in the US  To get a better job  Other: \_\_\_\_\_
- 5. I plan to live:  On-Campus University Housing  Off-Campus Housing  Family/Friend Housing

### Emergency Contact Information

Who should we contact in the event of an emergency?

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Include Country Code)

### Dependent Information

Do you plan to bring a spouse or child with you to Columbus, Georgia?  Yes  No If Yes, include information for each dependent.

1. Relationship: Child Spouse Other \_\_\_\_\_ Gender:  Male  Female

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_

Number/Street

City

Country

Postal Code

2. Relationship: Child Spouse Other \_\_\_\_\_ Gender:  Male  Female

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_

Number/Street

City

Country

Postal Code

If you have additional dependents, please list on a separate sheet of paper and attach to this form.

### Certification

Before signing this form please read the following carefully and check the box next to the statements.

- If I am accepted to the English Language Institute, I agree to follow the Columbus State University Student Conduct Code.
- I understand that the application for admission to the English Language Institute does not constitute or guarantee admission to any Columbus State University degree program.
- I understand that I do not choose my course level. My course level will be based on a placement test which will be given at the English Language Institute.

I certify that the statements on this form are complete and accurate. My signature below indicates that I am applying for the ELI program at Columbus State University, and I am responsible for full payment of the ELI program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions about your application, please call 706-507-8521 or e-mail [LearnEnglish@ColumbusState.edu](mailto:LearnEnglish@ColumbusState.edu)