

# Summer Programs Application Form 2015

## Temple University IELP

**PLEASE PRINT!**

Please check the IELP session BOX you would like to attend.

SESSION	DATES	APPLICATION DEADLINE
<input type="checkbox"/> 4-Week Super Intensive English Program	July 12, 2015 – August 7, 2015	June 30, 2015
<input type="checkbox"/> Advanced Academic English for Graduate Students	July 13, 2015 – August 7, 2015	June 30, 2015
<input type="checkbox"/> Business English	July 12, 2015 – August 7, 2015	June 30, 2015

### Personal Information

1. Name: \_\_\_\_\_  
Family/Last First MI

2. Gender:  Male  Female      3. Marital Status:  Single  Married      4. Date of Birth: \_\_\_\_\_  
Month Day Year

a. Country of Citizenship: \_\_\_\_\_      b. Native language: \_\_\_\_\_  
 c. Country of Birth: \_\_\_\_\_      d. City of Birth: \_\_\_\_\_

**5. International Address (if applicable):**

a. \_\_\_\_\_  
House address/Location

b. \_\_\_\_\_  
City State Postal Code Country

c. Contact Person/Relationship: \_\_\_\_\_

d. Telephone Number: \_\_\_\_\_

i. Email Address: \_\_\_\_\_

**6. Living/ U.S. Address (if applicable)**

a. \_\_\_\_\_  
Street Address

b. \_\_\_\_\_  
City State Postal Code County

c. Telephone: \_\_\_\_\_      d. Cell Phone: \_\_\_\_\_

e. Email Address: \_\_\_\_\_

**7. Mailing Address (This address will be used for I-20 mailing)**

a. Agent/Sponsor Name (if applicable): \_\_\_\_\_

b. \_\_\_\_\_  
Street Address

c. \_\_\_\_\_  
City State Postal Code Country

d. Telephone: \_\_\_\_\_      e. Fax Number: \_\_\_\_\_

f. Email Address: \_\_\_\_\_

**Academic Information**

8. Are you a former IELP student?  Yes (TU ID: \_\_\_\_\_)  No

9. When the program begins, will you have completed high school?  Yes  No

**Visa Information (Please provide documentation)**

10.  I **DO NOT** need an Form I-20 or F-1 Visa because:  
 I am a US citizen or permanent resident.  
 I will use a tourist Visa (B1/B2) to enter the US.  
 I have another Visa that will allow me to study in the US  
 Other reason: \_\_\_\_\_

I would like to apply for a F-1 Visa.

I have a F-1 or J -1 Visa to study at another school or institution. I would like to transfer my I-20 or DS-2019 to Temple University IELP.

**Financial Support**

11. **If applying for a visa, please ensure that your financial support documents show sufficient funds to cover \$21,000**

- I am providing a letter from my bank showing that I will pay for my own expenses.
- I am enclosing a letter from my family's bank in my home country. My family will pay for my expenses.
- I am enclosing a letter from my government or other organization showing how much money will be provided by them.

**Dependents**

12.  My dependents will accompany me to the United States. I am enclosing the required documents.

Dependent's Name/Relationship: \_\_\_\_\_

Dependent's Name/Relationship: \_\_\_\_\_

Dependent's Name/Relationship: \_\_\_\_\_

**Living Arrangements**

13.  I would like to make my own living arrangements.

14.  I am interested in a Room & Board package. (More information to follow.)

- I understand that any misrepresentation of facts on the application or withholding of information may cause refusal of admission.
- I understand the dismissal from another English as a Second Language (ESL) program may cause refusal of admission.
- I understand that the IELP has the right to rescind admission status.
- I further understand that I have a continued responsibility to notify IELP promptly of any information or facts that would change, add to or otherwise relate to this application or my admission status.

**Signature**

I certify that I have read and understand the information in this form and that this information is true and correct.

Applicant's Name

Date

Family/Last Name \_\_\_\_\_

Please send completed application, all required documents and **NON-REFUNDABLE** application fee of \$50 in check or money order made payable to *Temple University* or fill in credit card information below:

**15. Credit Card Application Fee Payment**

Name on Credit Card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit card Security Code: \_\_\_\_\_

Postal Card associated with Credit Card: \_\_\_\_\_

**I authorize IELP to charge my credit card the full cost of the application fee.**

**Mail all application documents to:  
Temple University – IELP  
1700 North Broad Street, Suite 211  
Philadelphia, PA 19121 USA  
OR  
Scan and email application to:  
ielpapps@temple.edu**

**For additional information please visit [www.temple.edu/ielp](http://www.temple.edu/ielp) or email us at [ielp.temple.edu](mailto:ielp.temple.edu)**