



ENGLISH AS A SECOND LANGUAGE

# INTENSIVE ENGLISH PROGRAM STUDENT APPLICATION

## Enrollment Information

Have you taken classes at AUM ESL before?

- No, I am a new student who has not taken ESL classes at AUM before.
- Yes, I am a returning student who has previously taken ESL classes at AUM.

When do you wish to begin ESL classes?

**Term:**  Spring-1  Spring-2  Summer  Fall-1  Fall-2 **Year:** 20\_\_\_\_

## Biographical Information

Last Name (family name): \_\_\_\_\_ First Name (given name): \_\_\_\_\_

Preferred (American) name, if applicable: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Home Country: \_\_\_\_\_ First Language: \_\_\_\_\_  
*(month / day / year)*

## Contact Information

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How would you like us to contact you?  Email  Phone

Mailing Address:

\_\_\_\_\_  
*(Street and Number)*

\_\_\_\_\_  
*(City/Town) (State/Province) (Country) (Zip/Postal Code)*

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Visa Status (please check one)

- F-1 (Student)
- F-2 (Student Dependent)
- J-1 (Exchange Student/Teacher)
- J-2 (Exchange Student/Teacher Dependent)
- Resident
- Other \_\_\_\_\_
- A-1 / A-2 / A-3 (Diplomatic)
- B-1 / B-2 (Tourist)
- L
- Green Card
- American Citizen

## Referral Information

How did you hear about AUM ESL?

- Online  Magazine  Friend  Brochure  TV/Radio
- Other \_\_\_\_\_

## For ESL Office Use Only (Do Not Write Below)

Reading and Discussion					Grammar and Writing					Listening and Speaking					Lower-Int. Com. English	
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	Advanced Com. English	
Community	VISA	Passport	I-20	Placement Test	Parking Pass/Permit						Financial Guarantee					