

HOW TO APPLY

APPLICANTS MUST BE AT LEAST 16 YEARS OF AGE and fulfill all the requirements of the application procedure. When you have completed ALL the requirements of the application, we will send you an acceptance letter.

To submit forms and documents or ask questions, please contact:

Edgar Moros, Director
 Tel. (508) 929-8120, edgar.moros@worchester.edu

–or–
Leah Guzmán, Program Coordinator
 Tel. (508) 929-8736, leah.guzman@worchester.edu

Worcester State University, IELI
 Administration Building, 4th Floor
 486 Chandler Street
 Worcester, MA 01602-2597 USA

YOU MUST PROVIDE THE FOLLOWING:

1. **Application Form**
2. **\$150 USD non-refundable application fee & deposit**
3. **Affidavit of Financial Support**
4. **Supporting Bank Letter with current balance**
5. **Copy of Passport Data Page**
6. **Copy & translation of highest degree**
 Transfer students—copy of I-20

1. STUDENT'S INFORMATION (as it appears on your Passport)

FAMILY/LAST NAME		FIRST NAME	MIDDLE NAME	WHAT NAME WOULD YOU LIKE TO USE?	
ADDRESS					UNIT/APT NUMBER
CITY		STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
EMAIL ADDRESS			PRIMARY TELEPHONE NUMBER	CELL TELEPHONE NUMBER	
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH (month/day/year)	CITY OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	

2. CONTACT INFORMATION

FAMILY/LAST NAME		FIRST NAME & MIDDLE NAME		RELATIONSHIP TO APPLICANT	
ADDRESS			CITY	STATE/PROVINCE	ZIP CODE/POSTAL CODE
EMAIL ADDRESS			PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	
EMERGENCY CONTACT NAME			EMERGENCY CONTACT TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT	

3. WAIVER OF CONFIDENTIAL INFORMATION

I, _____, authorize Worcester State University to communicate with the following individual, identified above, regarding the status of my application and any other related information.

APPLICANT NAME

RELATIONSHIP TO APPLICANT	APPLICANT SIGNATURE	DATE
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4. VISA INFORMATION

<p>Are you applying for a Student Visa (F1)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you be accompanied by dependents?</p> <p><input type="checkbox"/> Yes - Please complete F-2 dependent form</p> <p><input type="checkbox"/> No</p>	<p>How would you like us to deliver your I-20?</p> <p><input type="checkbox"/> Send I-20 to me</p> <p style="margin-left: 20px;"><input type="checkbox"/> Within the U.S. (No charge, but only if you live in the U.S.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> International by Express Mail (\$50)</p> <p><input type="checkbox"/> I or my Spouse will pick up the I-20 package (no charge)</p>
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5. ACADEMIC INTENTION

<p>How many semesters do you intend to study with IELI? This is an estimate, you will not be bound to this if your plans change.</p> <p><input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) <input type="checkbox"/> Three (3) <input type="checkbox"/> Not sure</p>	<p>Which semester would you like to begin?</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Please indicate which year:</p> <p><input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023</p>	<p>Have you taken the TOEFL test?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was your highest score?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">TOEFL SCORE</td> <td style="width: 30%;">YEAR</td> </tr> </table> <p>TOEFL not required to apply.</p>	TOEFL SCORE	YEAR
TOEFL SCORE	YEAR			
<p>After completing the IELI Program, do you intend to apply to Worcester State University?</p> <p><input type="checkbox"/> Yes - Undergraduate Student <input type="checkbox"/> Yes - Graduate Student <input type="checkbox"/> Not sure <input type="checkbox"/> No</p>	<p>How did you hear about the IELI program?</p> <p><input type="checkbox"/> Internet/Search <input type="checkbox"/> Other <input type="checkbox"/> Family member <input type="checkbox"/> A friend <input type="checkbox"/> I knew someone who attended IELI <input type="checkbox"/> An agency helped me</p> <p>PLEASE EXPLAIN</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Agency Name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

6. APPLICATION FEE & TUITION DEPOSIT - \$150 USD and Mailing Fee - (\$50 International)

Worcester State University requires a non-refundable application fee and tuition deposit of \$150 USD. *Upon your acceptance and arrival to IELI, \$100 USD of your fee will be applied toward your tuition payment.* Payments can be made by check, money order, traveler's check or credit card.

PAYMENT METHOD <input type="checkbox"/> Check* # _____ <input type="checkbox"/> Money Order* # _____ <input type="checkbox"/> Credit Card (fill out below) <input type="checkbox"/> Other: _____		<input type="checkbox"/> \$150 Application Fee & Tuition Deposit <input type="checkbox"/> \$50 International Mail TOTAL AMOUNT \$	
CREDIT CARD INFORMATION			
TYPE OF CREDIT CARD <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express		CARDHOLDER'S EMAIL ADDRESS	
CREDIT CARD NUMBER	EXPIRATION (MM/YY)	SECURITY CODE	AMOUNT TO CHARGE \$
CARDHOLDER'S NAME (EXACTLY AS IT APPEARS ON CARD)		CARDHOLDER'S SIGNATURE and DATE	
CREDIT CARD BILLING ADDRESS			UNIT/APT NUMBER
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

* Make check or money order payable to: Worcester State University.

7. DOCUMENTS YOU NEED

- Before coming to the U.S, you must **scan** and email your completed Worcester State University Health and Immunization Form to edgar.moros@worchester.edu or leah.guzman@worchester.edu
- Proof of Health Insurance **must** be provided to the IELI office before first day of classes.

8. SIGNATURE

I certify that the information on this form is correct, that I am applying for this program and that I, or my sponsor, is responsible for meeting all costs associated with the program. Furthermore, I understand that there is no refund for late arrival, early withdrawal, or dismissal from the program.

SPONSOR'S NAME	RELATIONSHIP TO APPLICANT	SPONSOR'S SIGNATURE & DATE
STUDENT'S NAME		STUDENT'S SIGNATURE & DATE