



eli.colstate.edu

HOW TO APPLY:

- 1. Complete and sign this official ELI application.
- 2. Enclose US bank draft check, money order, or credit card information (see below) to pay \$30 non-refundable application fee.
- 3. Complete and sign ELI Financial Guarantee and include signed, official bank letter from sponsor's bank as proof.
- 4. Complete and have medical professional sign the Certificate of Immunization.
- 5. Enclose copy of passport for all student(s)/dependent(s).
- 6. Check on-campus or off-campus housing selection.
- 7. (Optional) Authorize release of acceptance documents to another person for pickup at Enrollment Services:

_____ First and Last Name _____ Phone Number

Credit Card Information: MasterCard Visa AMEX

Account Number: _____

Expiration Date: _____ Name on Card: _____

Authorized Signature: _____ Date: _____

Billing zip code: _____ Amount: \$30.00 USD

Security code (last 3 digits on back of card): _____

ON-CAMPUS/OFF-CAMPUS HOUSING SELECTION:

Please check one:

I want to live on-campus.

- Choose preference: Shared bedroom/shared bathroom Private bedroom/shared bathroom
 Private bedroom/private bathroom One bedroom private apartment

Complete Housing Application online at <http://life.colstate.edu> 2-3 weeks after sending your ELI Application by mail.

I want to live off-campus.

Almost all apartments in Columbus, GA are rented before the semester begins. Choose this option if you plan to live with a friend, family member, or by yourself. Arrangements for off-campus housing are your responsibility.

I understand that housing application, deposit payment, and confirmation of final housing arrangements are my responsibility. I further understand that neither Columbus State University nor the English Language Institute will be responsible for making any of my off-campus arrangements.

Signature: _____ Date: _____

Parent or guardian: _____ Date: _____

(If student is under 18)

EMERGENCY/LOCAL CONTACTS:

Please include all country and/or area codes with phone numbers given below.

Person to contact in case of emergency: _____ Phone: _____

If you plan to visit a friend/family member before starting classes at the English Language Institute, please provide his/her information:

Name(s): _____ Phone: _____ Email: _____

Mail completed application packet to: Admission Office • Columbus State University • 4225 University Avenue
Columbus, GA 31907-5645 • 706.507.8800 • toll free 1.866.264.2035



■ Please do not write in the shaded boxes.

FOR OFFICE USE ONLY
Receipt No. _____ Date Rec'd _____

APPLICANT INFORMATION

Name _____
Last First Middle

U.S. Social Security Number _____ Country of Birth _____ Country of Citizenship _____
(If available)

Permanent Address _____
(In home country) Number and Street Telephone Home Telephone (Country Code & City Code & Numbers)
City State Zip Country

Mailing Address _____
 (or check if same as above) Number and Street Telephone (Country Code & City Code & Numbers)
City State Zip Country

Former/Maiden Name (if applicable) _____
Last First

E-mail address _____ Date of Birth _____ Sex Male Female
(Month, day, year)

Native Language _____
Specify

Ethnic Origin (Check all that apply)
Ethnic origin optional for admission but required prior to enrollment

If you are currently in the U.S., your VISA status (check one):
 FI International Student
 Other (Specify) _____

(B) Black or African-American (H) Hispanic or Latino
(I) American Indian or Native Alaskan (W) White
(A) Asian or Pacific Islander (M) Multi-Racial

DEPENDENT INFORMATION

Do you plan to bring a spouse or a child with you to Columbus, Georgia? No Yes If yes, please list name(s), relationship to you, country, and date of birth:
Please include copies of passports for each person to be included on your I-20.

1. Relationship: Child Spouse Sex Male Female

Name _____ Date of Birth _____
Last First Middle

Address _____
Number and Street Telephone (include area code)
City State Zip Country (if not U.S.)

2. Relationship: Child Spouse Sex Male Female

Name _____ Date of Birth _____
Last First Middle

Address _____
Number and Street Telephone (include area code)
City State Zip Country (if not U.S.)

Please include additional dependents on a separate sheet.

ADDITIONAL INFORMATION

1. How did you first learn of Columbus State University? Friend who attends Family members who attend Internet (Specify)
 Information mailed to my home Advisor/Agent International Publication (Specify)

2. Have you applied to Columbus State University before? Yes No If yes, for what semester and year? _____ Last name then _____

3. Year and semester you plan to enter: Fall 20_____(August) Spring 20_____(January) Summer 20_____(May)

4. Have you ever been convicted of anything other than a traffic violation? Yes No If yes, explain on a separate sheet.

5. State briefly why you want to attend Columbus State University's English Language Institute: _____

6. If you will need special services while on campus because of a disability, please contact our Office of Disability Services at (706) 568-2330.

All applications and documents required must be received in the Admissions Office by the published deadline date.

CERTIFICATION

I agree to abide by Columbus State University regulations. I certify that the information furnished in this application is complete and true.

Signature _____ Date _____

REV5-09