## **USF Conditional Application**





University of South Florida
4202 East Fowler Avenue, CPR 107
Tampa, Florida 33620-5550
(813) 974-3433
Fax (813) 974-2769
E-mail: elimain@cas.usf.edu
www.cas.usf.edu/eli/

## **USF Conditional Application Procedure**

- 1. Carefully read all the information in the brochure.
- 2. Complete the application form on the reverse side. Be sure to mark the English program to which you are applying and *sign* the application. Your name must be written exactly the same **as it appears** in your passport.
- 3. Send the following:
  - a) The completed and signed application form
  - b) If requesting an I-20, a current (not more than 6 months old) bank statement or letter of financial support for the minimum sum of U.S. \$8,000.
  - c) U.S. \$100 (non-refundable application fee). All checks must be drawn on a U.S. bank and made payable to the University of South Florida. If you are also applying for conditional admission to the University of South Florida, you will need to include a separate U.S. \$30 non-refundable application fee that will be forwarded to the university. (This fee cannot be paid online at this moment.)
- 4. Mail to:

English Language Institute University of South Florida 4202 East Fowler Avenue, CPR 107 Tampa, Florida 33620-5550 USA

5. Upon approval of the application, the English Language Institute will send you an admission packet with the admission and placement testing letter, information about registration and medical insurance, the I-20 Form, and instructions to obtain the F-1 student visa.

## Refund Policy

Students who have registered for any of the programs and who attend only up to the fifth day of classes can receive a refund of 80% of the tuition. The ELI must receive the request for a refund in writing no later than the fifth day of classes. After the fifth day of classes, no refunds or transfers to the following semesters will be made.

The \$100.00 application fee charged to process applications is non-refundable.

## **Application Form**

English Language Institute - University of South Florida 4202 E. Fowler Avenue, CPR 107, Tampa, FL 33620-5550 Phone: (813) 974-3433 – Fax: (813) 974-2769

Date of Birth/ Place of Birth City Country  Present Mailing Address:  (Number and Street) (City) (State/Province)  E-mail address Telephone () Fare Permanent Mailing Address:  (Number and Street) (City) (State/Province)  Name of high school Date of high school gradual provided on this application form is correct and true.  (City) (State/Province)  Parmanent Mailing Address:  (Number and Street) (City) (State/Province)  Parmanent Mailing Address:  (Number and Street) (City) (State/Province)  Date of high school gradual parma of high school gradual parma of high school gradual parma of university graduate    Date of university graduate   PhD   Date of gradual parma of School   Date of gradual parma of graduate   Parma of gradual parma of grad		
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Name of high school		
Major field of study	(Country)	(Zip/PostalCode
What is your intended degree and major at the University of South Florida if accepted?    Undergraduate	uation	
What is your intended degree and major at the University of South Florida if accepted?    Undergraduate	tion	
What is your intended degree and major at the University of South Florida if accepted?    Undergraduate		
a) Do you need an I-20 for an F-1 student visa?	eational fair 🗆 EL	
If yes, answer the following questions:  What school issued your I-20?  Name of School  City  Will you leave the United States before studying at the English Language Institute?  Do you plan to bring any dependents with you to the United States?  If yes, provide the information below:  Family Name  First Name  Date of Birth  Country of Birth  I certify that all information provided on this application form is correct and true.	. — — — — — — — —	
Will you leave the United States before studying at the English Language Institute?  Do you plan to bring any dependents with you to the United States?  If yes, provide the information below:  Family Name  First Name  Date of Birth  Country of Birth  I certify that all information provided on this application form is correct and true.		
C) Do you plan to bring any dependents with you to the United States?	State	Phone Number
If yes, provide the information below: Family Name First Name Date of Birth Country of Birth  I certify that all information provided on this application form is correct and true.	☐ Yes ☐ No	
Family Name First Name Date of Birth Country of Birth  I certify that all information provided on this application form is correct and true.	No	
	Relationship to	o the F-1 Student
Student's Signature	Date	
ELI Office US: Date application received:  Student # assigned:  ELI Office US:		