



English Language Institute
HMB E253
800 Florida Avenue N.E.
Washington, D.C. 20002-3695 USA

Fax: 202-448-6954
Telephone: 202-651-5721
Email: eli.office@gallaudet.edu
Web site: <http://eli.gallaudet.edu/>

1. Domestic ELI Application Form

Please Type or Print Clearly

When would you like to enter the ELI program? Fall Spring Year: 20__

Applicant's Full Legal Name

<input type="checkbox"/> Mr.	First Name:	Middle Name:	Last Name:
<input type="checkbox"/> Ms.			
<input type="checkbox"/> Mrs.			

Applicant's Mailing Address

Mailing Address:	
.....	
.....	
.....	
.....	
.....	
Email Address:	
Phone:	Fax:

Applicant's Permanent Address (if different than mailing address)

Mailing Address:	
.....	
.....	
.....	
.....	
.....	
Email Address:	
Phone:	Fax:



Hearing Status

You are: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing	Age of Onset:	Cause of Deafness:
Type of Amplification used (if any): <input type="checkbox"/> Hearing aid <input type="checkbox"/> Cochlear Implant <input type="checkbox"/> None		

Citizenship & Documentation

Date of Birth: Month: Day: Year:	Current Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City and Country of Birth:
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship:
Do you have a US Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write your SSN:	
What is your goal after you finish the ELI program? Check one box: <input type="checkbox"/> Enter Gallaudet University and seek a college degree. <input type="checkbox"/> Other (explain): <input type="checkbox"/> Enter another university and seek a college degree.	

Parent/Legal Guardian Name and Address

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name: <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Mailing Address: ----- ----- -----	
Email Address:	Fax:

Secondary Program Attended

School Name:	
School Location: City:	Country:
Dates of Attendance: From: To:	Type of Degree/Certificate Earned:
Course of Study (computer science, literature, etc):	



Post-Secondary (University or College) Program Attended, if any

School Name:		
School Location: City:	Country:	
Dates of Attendance: From:	To:	Type of Degree/Certificate Earned:
Course of Study (computer science, literature, etc):		

Gallaudet Contact Data

How did you learn about the English Language Institute?
Have you visited Gallaudet University or the ELI program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you enrolled at Gallaudet or the ELI program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Why is the ELI program good for you? Explain here or attach a letter. (500 words)

Language Self Assessment

1. Directions: Please mark the box that best matches your skill. If you were born deaf, became deaf later in life, have some residual hearing, or use a hearing aid, a cochlear implant, or some other assistive hearing device, please mark the box that reflects your best skill over the total of your lifetime.

Proficiency Level:

Spoken/Written Language of your Country:

- | | | | | | |
|-----------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Listening | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Speaking | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Reading | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Writing | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

Signed Language of your Country:

- | | | | | | |
|--------------------------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Understanding Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Communicating with Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

Spoken/Written English:

- | | | | | | |
|-----------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Listening | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Speaking | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Reading | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Writing | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

American Sign Language:

- | | | | | | |
|--------------------------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Understanding Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Communicating with Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

1. **Directions:** Please mark the box that best matches your use.
If it does not apply to you, please mark the box next to N/A.

Language Use:

Spoken/Written Language of your Country: N/A Home School Work

Signed Language of your Country: N/A Home School Work

American Sign Language: N/A Home School Work

English: N/A Home School Work

2. **Directions:** Please respond to the questions.
If the question does not apply to you, please write N/A.

Age of First Use:

Spoken/Written Language of your Country: How old were you when you first started using this language?

Signed Language of your Country: How old were you when you first started using this language?

English If you have learned some English already, how old were you when you first started?

American Sign Language If you have learned some American Sign Language already, how old were you when you first started?

Certification of Information

My signature below certifies that all information in this application is correct, complete, and honestly presented. I understand that falsifying or withholding information in completing the application may result in the cancellation of my admission to the English Language Institute and/or registration with the program.

Applicant's Signature:	Date:
------------------------	-------

Domestic Admission Deadlines: To enter the ELI program in the Fall (August), domestic applicants must submit the ELI application documents by July 15. To enter the ELI program in the Spring (January), the ELI application documents must be received by December 15.

Complete, sign, and mail this form to: **Gallaudet University**
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA



2. Application Fee

All applications to the ELI program require a US \$50.00 application/admission fee to cover the cost of processing your application and preparing your admission. You may pay your fee via bank check or money order, or by credit card.

Print Applicant Name: _____
When would you like to enter the ELI program? <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: 20____

Bank Check or Money Order. Checks/money orders must be in **US dollars**.

(Attach check or money order here)

Please do not send cash

Amount: US \$50.00

Payable to: Gallaudet University

Credit Card. If you wish to pay by credit card, complete all information below. Please note that Visa is not an accepted credit card.

Credit Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Amount: <u>US \$50.00</u>
Card Number: _____	Expiration Date: _____
Card Owner Signature: _____ (Required)	Date: _____
CVV#: _____ (the last 3-4 digits on the back of the card)	

Mail this page and its attachments to: **Gallaudet University**
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA

3. Official Identification

Print Applicant Name:

For US citizens: please make a copy of one of the following documents:

- Passport
- Driver's license
- State identification card
- Birth certificate
- School ID card
- Voter card
- Utility bill
- Property tax payment

For permanent residents: please make a copy of your permanent residency card (green card).

**Attach a copy of your official identification to this
page.**

Mail this page and the official
identification copy to:

**Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA**

4. Audiogram

Print Applicant Name:

Since the ELI program is designed for Deaf and Hard-of-Hearing students only, we must review your most recent audiogram. **Audiograms which are more than 3 years old will not be accepted.** Hearing applicants do not need to submit an audiogram.

Attach a copy of your most recent audiogram to this page.

Mail this page and your audiogram to: Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA

5. Secondary School Transcript

Print Applicant Name:

Your secondary school transcript lists all the courses that you took there and the grades you received. Please submit an official copy of your transcript. If it is in another language other than English, you need to have it officially translated into English by a commercial translation agency. Attach both the official copy and the official English translation to this page.

If you also have college or university transcripts, please attach both the official copy and the official English translation to this page as well.

Attach a transcript from your former secondary school to this page.

Mail this page and its attachments to: **Gallaudet University**
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA

6. Two Letters of Recommendation

You must obtain Letters of Recommendation from at least two professional adults who know you well.

Examples of professionals who can evaluate you are your instructors, academic counselor, school principal, and if you work, your supervisor.

The next two pages are forms that your recommenders can use to evaluate you.

Part A instructions for the ELI applicant:

1. Complete Part A of the Letter of Recommendation form
2. Give the forms to your recommenders
3. Ask them to follow the Part B instructions below for the professional adult.
4. Gather the sealed envelopes (do NOT open them, these envelopes must remain sealed)
5. Mail the sealed envelopes with your ELI application

Part B instructions for the professional adult:

1. Complete Part B of the Letter of Recommendation form
2. Put it into an envelope
3. Put a business card in the envelope
4. If the form and the business card are not written in English, obtain official English translations
5. Put the official translations into the envelope
6. Seal it
7. Sign a signature across the sealed part of the envelope
8. Give the envelope to the applicant

Mail the completed Letters of Recommendation to: **Gallaudet University**
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA

Letter of Recommendation

Please Type or Print Clearly

Directions for Part A: To be completed by the Applicant

1. Complete Part A of this Letter of Recommendation	4. Gather the sealed envelopes (do NOT open them, these envelopes must remain sealed)
2. Give the forms to your recommenders	5. Mail the sealed envelopes with your ELI application
3. Ask them to do the instructions below for Part B.	

Applicant's Name:
Applicant's Address:

Directions for Part B: To be completed by the Recommender

The applicant above is applying to the English Language Institute (ELI) at Gallaudet University in Washington, D.C. The ELI program provides a full time, intensive program in English as a Second Language, American Sign Language and cultural studies for international deaf and hard of hearing adults. Thank you for helping us learn more about the applicant.

1. Complete Part B of this Letter of Recommendation	5. Put the official translations into the envelope
2. Put it into an envelope	6. Seal it
3. Put a business card in the envelope	7. Sign a signature across the sealed part of the envelope
4. If the form and the business card are not written in English, obtain official English translations	8. Give the envelope to the applicant

Please evaluate the applicant using this scale:				
Ability to Learn:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Self-discipline:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Motivation:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Character:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Please comment here on the applicant's character and ability to learn, or attach a letter:				
Your Address:				
Your relationship to the Applicant:				
Your Name (print):			Title/Position:	
Signature:			Date:	

Letter of Recommendation

Please Type or Print Clearly

Directions for Part A: To be completed by the Applicant

1. Complete Part A of this Letter of Recommendation	4. Gather the sealed envelopes (do NOT open them, these envelopes must remain sealed)
2. Give the forms to your recommenders	5. Mail the sealed envelopes with your ELI application
3. Ask them to do the instructions below for Part B.	

Applicant's Name:
Applicant's Address:

Directions for Part B: To be completed by the Recommender

The applicant above is applying to the English Language Institute (ELI) at Gallaudet University in Washington, D.C. The ELI program provides a full time, intensive program in English as a Second Language, American Sign Language and cultural studies for international deaf and hard of hearing adults. Thank you for helping us learn more about the applicant.

1. Complete Part B of this Letter of Recommendation	5. Put the official translations into the envelope
2. Put it into an envelope	6. Seal it
3. Put a business card in the envelope	7. Sign a signature across the sealed part of the envelope
4. If the form and the business card are not written in English, obtain official English translations	8. Give the envelope to the applicant

Please evaluate the applicant using this scale:				
Ability to Learn:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Self-discipline:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Motivation:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Character:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Please comment here on the applicant's character and ability to learn, or attach a letter:				
Your Address:				
Your relationship to the Applicant:				
Your Name (print):			Title/Position:	
Signature:			Date:	

Guide to the Documentation of Financial Sources Form and the Certification of Finances Form

Student's Sources of Funds/Required Documents

An English Language Institute policy requires all domestic applicants to provide evidence of adequate financial support before they may obtain an acceptance letter.

Directions: To demonstrate that you have adequate financial support, you must complete and send the Documentation of Financial Sources Form and the Certification of Finances Form below and original, official documents that **show you have sufficient funds to pay at least the fixed/estimated costs of one academic year.**

In the link below, please check the fixed/estimated costs for domestic students in the English Language Institute (ELI) at Gallaudet University.

http://www.gallaudet.edu/Documents/AF/Finance_Office/TuitionFeesSchedule-Fall2014-Spring2015.pdf

If the link above does not work for any reason, you may find the tuition and fee schedules that Gallaudet University provides in this link below.

http://www.gallaudet.edu/finance_office/student_financial_services/tuition_and_fees.html

Note: As of the Fall 2014 - Spring 2015 academic year, the cost of living in a dormitory on campus is no longer a single, fixed semester charge, but are instead variable rates depending on the dormitory building. If you plan to live on campus in one of the dormitories, the room rates can be found in this link below.

http://www.gallaudet.edu/reslife/room_lottery/room_rates.html

The estimated cost of living on campus for one academic year must be included as part of the total fixed / estimated costs for the purposes of providing financial evidence for your ELI application.

Disclaimer: This information is provided as a guide only and is not considered a contract or binding on the University. The University reserves the right to change tuition costs, fees, and other charges at any time without notice.

Estimated Additional Costs:

- You should plan to have at least \$2,000 for personal expenses each academic year.
- If you plan to stay at Gallaudet through the winter and summer vacation periods, you will need an additional \$3,000.
- If your family will stay with you while you are a student, plan an additional \$5,000 for your spouse and \$3,000 for each child.

Summer School: Gallaudet offers additional courses during Summer School (May-August). Most academic programs do not require students to take Summer School courses. Summer School courses require additional tuition and fees. Consult the Student Accounts office for a list of these additional charges.

For Domestic Students - Documentation of Financial Support: Listed in the Documentation of Sources form below are the sources of support you can use to demonstrate adequate financial support.

The total amount of funds shown in these support documents must equal or exceed the fixed costs for one academic year in the ELI program.

Steps:

1. You must obtain original, official copies of each support document.
2. Attach a copy of each document to this Certification of Finances Form and send it to the English Language Institute (ELI) at Gallaudet University.

Required for all Applicants: You **MUST** submit documents for each source of funds that you mark. Documents must be in English and bear a signature, official seal, or be on letterhead from an official agency.

Note: These documents must be less than 6 months old when presented to Gallaudet University. Certain documents may also be required to be less than 2 months old.

7. Documentation of Financial Sources

Directions: Please mark your source(s) of funding for the duration of your program at Gallaudet University.

Sources	Required Documents
<input type="checkbox"/> Student's Personal Funds	<ul style="list-style-type: none"> • Bank statements for checking, savings and/or other accessible account (60 days) • Certificates of deposit: mutual, stock, or bond funds • A Domestic Advance Payment Form completed and signed by the student
<input type="checkbox"/> Support Available From Family	<ul style="list-style-type: none"> • Complete the Sponsor Affidavit in this application • Bank statements for checking and /or savings (60 days) • Certificates of deposits, mutual, stock, or bond funds • A Domestic Advance Payment Form completed and signed by the family member responsible for the student's financial support
<input type="checkbox"/> Support Available From Sponsors	<ul style="list-style-type: none"> • Complete the Sponsors Affidavit in this application • Official letter from sponsor's employer showing annual earnings • A Domestic Advance Payment Form completed and signed by the financial sponsor
<input type="checkbox"/> The Government	<ul style="list-style-type: none"> • Official Letter
<input type="checkbox"/> Charitable Organizations/School Scholarship	<ul style="list-style-type: none"> • Official Letter
<input type="checkbox"/> Vocational Rehabilitation (VR)	<ul style="list-style-type: none"> • Official Letter

Return the completed form and applicable financial support documents to:

Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA

8. Certification of Finances

To Be Completed by the Applicant. Please Type or Print Clearly

NAME: _____
Last Name (Family Name) First Name Middle Name

GENDER: (Check one): Male Female DATE OF BIRTH: _____/_____/_____
(Month) (Day) (Year)

MAILING ADDRESS:

Street

City

State

Zip or Postal Code

Country

E-MAIL ADDRESS: _____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

PHONE #: (_____) _____

FAX #: (_____) _____

Applicant Certification

I hereby certify that the total amount of money that I have available for my first academic year at Gallaudet University is US\$_____. Further, I certify that the information I am providing is correct and complete, and that I will notify Gallaudet University of any changes in my financial circumstances.

Signature

Date

**Attach Applicable Financial Support Documents
to this Page**

Return the completed form and applicable
financial support documents to:

Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA

Guide to Completing the Sponsor's Affidavit of Annual Cash Support Form

What is the implication of this affidavit?

By completing this affidavit, you (sponsor) are sworn to the United States government that you will support the student with a specific amount of money from your own financial resources for **each year** of the student's studies and residence at Gallaudet University in the United States of America. Please note that you also must attach documents with proof to show that you are sworn to support that student every year.

By signing the affidavit, you are making a financial commitment to the student that you must not break. Sponsors who fail to provide the sworn support will force students to leave school. Do not expect that the student will be able to help support the costs through employment.

How to complete the enclosed Sponsor's Affidavit of Annual Cash Support Form:

- Promise to give only as much money as you can afford. *The most common reason we reject affidavits is because we do not believe a sponsor can pay the amount of money he or she has promised.*
- Attach proof of financial capability document(s) as explained below.
- Sign the affidavit in front of a notary public, court registrar, or other appropriate official.

Proof of Financial Capability Documents:

You must prove that you are financially capable of supporting EACH YEAR of your student's studies by attaching a proof of income document and bank statements. (If one of these documents is not attached, your support will not be considered).

- **Proof of Income Document.** This must be on your employer's business stationary, on income tax returns, or receipts, or estimates by a bank with a private account if you are self-employed. The income of your company will not be accepted as proof of income. You must provide an official statement of the salary paid to you or it must be on tax returns.
- **Bank Statements** must be in your name and your statement must state the following information: date when your account was opened, current balance in U.S. dollars, average deposits and average balances. We cannot accept statements that do not specify balances unless it is stated to be a minimum of \$100,000 US. If another person's name appears on your bank statement, that person must complete a separate affidavit or submit a notarized statement permitting those funds to be considered as financial support for the student.
- **A Bank Letter** must be submitted with the account balance on the letterhead of the bank where the banking account mentioned above is located.

Documents must be:

- **Current (less than two months old)**
- In English
- Notarized

Sponsor's Affidavit of Annual Cash Support Form

Directions: Please read the Guide to the Documentation of Financial Sources above to determine if this form needs to be completed. Please read the Guide to Completing the Sponsor's Affidavit of Annual Cash Support in order to fill out this form correctly. It is recommended to fill in an amount greater than **\$25,000 USD** in order to financially qualify.

THIS IS MY SWORN PROMISE OF CASH SUPPORT

<p>I, _____, promise that I can and will give no less <div style="text-align: center; margin-left: 150px;">My Name</div> than U.S. \$ _____ in cash FOR EVERY YEAR of the student's program of study at Gallaudet University to: _____ <div style="text-align: right; margin-right: 150px;">Full Name of Student</div></p>
--

My relationship to the student is _____.
Parent, Spouse, Brother/Sister, Government Sponsor, Other

My address is _____

Phone: _____ Fax: _____

Email: _____


The following persons are fully or partially dependent upon me for their support (do not include the student named above):

Name	Relationship to me	Age

Name of My Employer: _____

Annual Salary: _____ (US\$) Other Income: _____ (US\$)

My proof of income document and bank statement are attached: Yes No

	<p>I swear that information I have provided above is true and correct.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Sponsor</p> <p>Sworn and subscribed before me on this date: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Notary</p>
---	---

9. Domestic Advance Payment Form

Print Applicant Name:

Directions: Please read the Guide to the Documentation of Financial Sources above to determine if this form needs to be completed. The financial sponsor of the applicant must fill out and sign this Domestic Advance Payment Form. If the applicant will fully support himself or herself for his or her schooling at the English Language Institute instead, the applicant must fill it out and sign it.

My relationship to the applicant is _____.

Self, Spouse, Mother, Father, Brother, Sister, or Other Financial Sponsor

I understand that if I do not provide an advance payment for each semester by the respective deadline, the student cannot register for any classes at Gallaudet University. The advance payment deadline for a new student that will attend New Student Orientation (NSO) is the first Friday of NSO. The advance payment deadline for a returning student is the deadline for business registration.

Signature

Date

Bank Transfer Option: After the ELI application has been submitted, then if you wish to do a bank transfer/money wire, please send an email to eli.office@gallaudet.edu to obtain the applicant's Gallaudet University identification (ID) number and information on how to make an advance payment via a bank transfer.

Mail this page to:

Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA

10. Housing Application

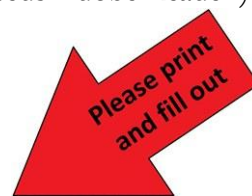
Print Applicant Name:

We strongly encourage all ELI students to live on campus. Students who live on campus adjust to American culture and learn American Sign Language and English more quickly than students who live off campus. However, living on campus is not required.

If you decide to live on campus, you must submit the following documents in order to reserve a room:

1. The Housing Application form in the ELI application
2. Housing application form from Residence Life
3. The dorm room deposit form in the ELI application
4. A payment for the \$200 dorm room deposit

Please click on this website address below or type in this website address on your Internet browser and fill out the housing application form from Residence Life. (This link below needs Adobe Reader.).



<http://www.gallaudet.edu/Documents/ResLife/housingops/housingapp.pdf>

For more information about the Housing Application, you can use this link below.

<http://www.gallaudet.edu/reslife/housing/application.html>

If you have any questions about the housing application form or the dorm room deposit, you can contact Ms. Nikki Surber, Housing Operations Manager, at the Office of Residence Life and Housing via email at residence.life@gallaudet.edu or via phone at (202) 250-2894 (voice/vp).

**Please attach a completed housing application to
this page.**

Mail this page and your completed housing application to:

**Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA**

11. Room Deposit

For New ELI Students

Students who will live on campus must pay a room deposit of US \$200.00 to reserve a room. You may pay your room deposit by bank check or money order, or you may pay with a credit card. The dorm room deposit is refundable in the following circumstances: if you decide not to come to the ELI program before arriving on campus and attending New Student Orientation, you may request this deposit be returned to you.

Print Applicant Name: _____

When would you like to enter the ELI program? Fall Spring Year: 20____

Bank Check or Money Order. Checks and money orders must be in U.S dollars.

A \$200 deposit is required to reserve a dormitory room for you
for the duration of your stay at Gallaudet University.

Please do not send cash

(Attach check or money order here)

Amount: US \$200.00

Payable to: Gallaudet University

Credit Card. To pay by credit card, complete all information below. Please note that Visa is not an accepted credit card.

Credit Card Type: Master Card Discover American Express

Amount: US \$200.00

Card Number: _____ **Expiration Date:** _____

Card Owner Signature: _____ **Date:** _____
(Required)

CVV#: _____ (the last 3-4 digits on the back of the card)

Mail this page and its attachments to:

**Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA**

12. Health History Form

Print Applicant Name:

All Gallaudet students, including ELI students, must complete and mail a Student Health History form by June 1 (for Fall admission) or November 1 (for Spring admission). The student completes the first three pages, but a doctor or another health care provider must complete the last page. A medical examination is necessary if you plan to play sports. ELI students are not allowed to play varsity sports, but can participate in intramural sports. The form is kept on file for use in a medical emergency, even if the student does not purchase the Gallaudet medical insurance policy. For more information about Student Health Service, please use this link: <http://www.gallaudet.edu/shs.html>. The website address for the student health history form is listed below.



Please print
and fill out

http://www.gallaudet.edu/Documents/AF/SHS/health%20historyformrev10_2014.pdf

- a. Please click on this website address or type in this website address on your Internet browser (This link needs Adobe Reader).
- b. Please fill out the health history form to the best of your ability.
- c. Then make an appointment to see a doctor near your home in order to get a signature. There should be a doctor's signature on the last page.
- d. Please get any missing immunization shots while at the doctor's office.
- e. Make copies of the completed health history form and your immunization records. Please bring these copies with you to Gallaudet University.
- f. The original completed health history form needs to be sent to Student Health Service (SHS).
- g. Please note that if SHS does not get your health history form, you will not be allowed to attend classes for the semester. If there are any missing immunization shots after you arrive on campus, you will be required to get them at a medical clinic here in the greater DC/MD/VA metropolitan area in order to register for classes.**

If you have any questions about the health history form, contact Student Health Service via their email address SHS@gallaudet.edu, phone number (202) 651-5090 (V/TIY), or fax number (202) 651-5743.

Mail completed health history form to:

Gallaudet University
Peter J. Fine Student Health Service (SHS)
800 Florida Avenue NE
Washington DC 20002-3695 USA

13. Student Health Service Form

Print Applicant Name:

Directions: Please fill out this form and sign the Affirmation section below after submitting the completed Health History Form to Student Health Service via postal mail to the address listed below.

The English Language Institute program does not have the proper facilities to receive health history forms, which are under separate patient confidentiality regulations from the Health Insurance Portability and Accountability Act (HIPAA), including highly controlled and secure patient file storage. The completed Health History Form needs to be submitted to Student Health Service (SHS) at this address below.

Gallaudet University
Peter J. Fine Student Health Service
800 Florida Ave NE
Washington, DC 20002-3695
USA

SHS will review your Health History Form and send you an email if there are any missing immunization shots that you need to get for yourself at a doctor's office near your home. If your Health History Form is complete, SHS will place a clearance on your student account at Gallaudet University and remove the immunization block. If you do not complete the Health History Form and get all the necessary immunizations before your arrival on campus, you will still have a SHS hold on your student account.

Date the Health History Form was mailed to Student Health Service: _____
Month Day Year

Affirmation: I understand that if I do not receive a clearance from Student Health Service, I cannot register for any classes at Gallaudet University. In this case, I would need to go to an outside medical clinic, (which may charge \$600-\$700), get my immunization shots, bring the immunization records from the medical clinic to SHS, and wait to receive a clearance from SHS before I can register for classes.

Signature

Date

Mail this page to:

Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA