

West Texas A&M University

A Member of Texas A&M University System



APPLICATION CHECKLIST

STUDENT NAME: _____

Academic English & University Entrance

UNDERGRADUATE & ENGLISH _____

GRADUATE & ENGLISH _____

START DATE FOR ENGLISH _____ MAJOR AREA OF STUDY _____

This application package must include the following items:

	1.	2 Page International Student Application for Admission Form
	2.	US\$150 application & Courier fees payable to ESLI
	3.	Official Original Certified original school transcripts
	4.	Official Original Certified School graduation diploma
	5.	Sponsor's Financial Guarantee form, signed by sponsor
	6.	FCSA Application form and \$110 for Detailed Evaluation of Coursework for ALL applicants (required for both undergraduate and graduate applications)
	7.	Original Sponsor's Bank letter showing balance available
	8.	2 letters of recommendation
	9.	Study plan
	10.	Copy of student's passport
	11.	Application for Housing

ENGLISH ONLY

WTAMU/ESLI ONLY _____ START DATE _____ ENDING DATE _____

This application package must include the following items:

	1.	2 Page International Student Application for Admission Form
	2.	US\$150 application & Courier fees payable to ESLI
	3.	Sponsor's Financial Guarantee form, signed by sponsor
	4.	Original Sponsor's Bank letter showing balance available
	5.	Copy of student's passport

AGENCY: _____

COUNSELOR: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

TEL: _____ FAX: _____

EMAIL: _____

Mailing Address:

ESLI

4528 Humphrey Hill Road
Sedro Woolley, WA 98284 USA

Tel: 360-724-0547

Fax: 360-724-0548

Email: esli@esli-intl.com

Website: www.esli-intl.com



ESLI-West Texas A&M University ENROLLMENT AGREEMENT



ESLI's mission is to improve the English language skills of international students and prepare them for academic success in North American universities.

Please read this Enrollment Agreement very carefully before you sign it. Your signature indicates acceptance of all the conditions of the agreement.

APPLICATION FEE: An application fee is payable at the time of application. This fee is not refundable.

TUITION: We recommend you wire the payment to us at least 2 weeks before the commencement date. Tuition and all fees are payable at the commencement of class unless arrangements have been made for billing your government sponsor.

REFUND POLICY: A student who has not begun classes may withdraw from class during the first 4 days of class and receive a refund of all tuition paid. The application fee is not refundable. Also, for those students living in the WTAMU dorms, a nightly fee must be paid at the time of check-out.

The ESLI/WTAMU refund policy follows the policy of West Texas A&M University and is as follows:

(A) prior to the first class day	100 percent
(B) during first 5 class days	80 percent
(C) during second five class days	70 percent
(D) during the third five class days	50 percent
(E) during the fourth five class days	25 percent
(F) after the fourth five class days	None

During the Summer Semester the refund policy is as follows:

(A) prior to the first class day	100 percent
(B) during the first, second, or third class day	80 percent
(C) during the fourth fifth or sixth class day	50 percent
(D) during the seventh day of class or later	None

F-1 VISA STUDENTS: A non-immigrant alien student who has been accepted by ESLI/WTAMU but who does not receive an F-1 student visa or who withdraws prior to arrival in the United State will receive a refund of all prepaid tuition. Refunds will be issued within thirty (30) days following the date of written notification. The application fee is not refundable. All fees incurred from a monetary transfer or transaction related to the refund will be deducted from the refunded amount.

STUDENT AGREEMENT

I have read and understand everything in this Agreement and agree to all terms and conditions as set forms.

Name: _____
(Print your full name)

Signature: _____ Date: _____
(Month/day/year)



WEST TEXAS A&M UNIVERSITY INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Return all admission material to:
International Student Office
WTAMU Box 60745
Canyon, Texas 79016-0001
U.S.A.

For more information concerning the admission process, telephone (806)651-2073 or fax (806)651-2071.

NOTE: A non-refundable evaluation/application fee of \$75 is required with each application.

Semester and year admission is desired: Semester _____ Year _____

U.S. Social Security number _____

Name _____
last (family) first middle maiden

Other name(s) which might appear on previous academic records _____

Permanent address
in home country _____
street and number city state zip code country

Telephone number (with country code) _____ E-mail address _____

Current
mailing address _____
street and number city state zip code country

Telephone number (with country code) _____ E-mail address _____

Birth date _____ Marital status: single _____ married _____ Gender: male _____ female _____
month/day/year

Country of birth _____ Country of citizenship _____

If you come to the United States, will your spouse and/or children come with you? yes _____ no _____

Students Currently in U.S.A.: Date of entry _____ Type of visa at entry _____ I-20 Admission number _____

Passport number _____ Passport issued by _____ Passport valid until _____

What institution issued the I-20 for your current visa? _____

Are you currently enrolled in the institution? yes _____ no _____ Date I-20 expires _____

EDUCATIONAL DATA

Intended major at West Texas A&M University _____

Type of degree you are seeking: bachelor's degree _____ master's degree—thesis (research) _____ master's degree—non-thesis _____

Have you taken the ACT/SAT? yes _____ no _____ Were your scores sent to WTAMU? yes _____ no _____

SAT scores: Verbal _____ Math _____ Total _____ Test date _____

ACT score: _____ Test date _____

Have you taken the GRE/GMAT? yes _____ no _____ Were your scores sent to WTAMU? yes _____ no _____

GRE scores: Verbal _____ Quantitative _____ Analytical _____ Test date _____

GMAT total score: _____ Test date _____

Have you taken the Test of English as a Foreign Language (TOEFL)? yes _____ no _____ (WTAMU requires a TOEFL score of 525 for undergraduate students, 550 for graduate students.)

Has your official TOEFL score been sent to WTAMU? yes _____ no _____ Score _____ Test date _____

What is your native language? _____ Other languages _____

Intensive English Students: Intensive English program only _____ Intensive English and degree program _____

ESLI start date _____ Are you currently enrolled in an intensive English language program? yes _____ no _____

If yes, where? _____

EDUCATIONAL BACKGROUND

List in chronological order each school or institution you have attended; begin with secondary school and end with the present. Include each school or institution attended, the dates attended and the degrees received. If you need additional space, use a separate sheet of paper.

Name of School or Institution and Location	Type of School: Secondary, College, University, Etc.	Attended From – To Month/Yr – Month/Yr	Actual Name of Diploma, Degree or Certificate	Date Received	Your Age in School
		/ - /			
		/ - /			
		/ - /			
		/ - /			
		/ - /			
		/ - /			
		/ - /			
		/ - /			
		/ - /			
		/ - /			

How did you learn about West Texas A&M University? _____

Were you referred to West Texas A&M University by an agency? yes _____ no _____

Name of agency _____

Address _____ Telephone _____

Provide the following information on a person (parent, guardian, relative) who could be notified in case an of emergency:

Name _____ Relationship _____

Address _____ Telephone _____

RESIDENCY INFORMATION

Texas Higher Education Coordinating Board rule 21.38 requires each student to provide substantiating documentation to affirm residence for tuition purposes. It also requires an Oath of Residency required by state law to be signed by each applicant. If you have attended school or resided out of state, additional proof of residency may be required.

OATH OF RESIDENCY

I understand that information submitted here will be relied on by University officials to determine my status for residency. I authorize the University to verify the information I have provided. I agree to notify proper institution officials of any changes. I certify that the information is complete and correct, and I understand that submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment or appropriate disciplinary action.

Signature of applicant _____ Date _____

West Texas A&M University serves people of all ages regardless of socioeconomic level, race, color, gender, religion, disability or national origin. WTAMU is an affirmative action/equal employment opportunity institution. I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE, AND I UNDERSTAND THAT SUBMISSION OF INACCURATE OR INCOMPLETE INFORMATION MAY RESULT IN TERMINATION OF MY APPLICATION, ENROLLMENT AT WEST TEXAS A&M UNIVERSITY OR DISMISSAL FROM THE UNIVERSITY. I understand that as a student of West Texas A&M University, an account will be established in my name. I am aware that financial transactions will be posted to this account, and the University will extend credit to me in anticipation of payment on a prescribed due date. I understand that if I fail to repay any debt when due, I will be assessed late charges. I further agree to pay all attorney's fees and other reasonable collection costs necessary to collect amount not paid when due.

Signature of applicant _____ Date _____



International Student Office

SPONSOR'S FINANCIAL STATEMENT

Name of Applicant _____
(Family name) (First name)

I certify that I am financially able and willing to support the above named student while he/she is pursuing a course of study at **West Texas A&M University**. I hereby guarantee to provide sufficient funds to pay for the tuition, fees, medical insurance, and living and personal expenses of the student while studying at **West Texas A&M University**.

Signature of sponsor _____ Date _____

Sponsor's name (Print) _____

Relationship to Student _____

Sponsor's Address _____

Sponsor's e-mail address _____

_____ family members will accompany student.

Name	Relationship	Date of Birth	Country of Birth

An additional US \$3,000 for spouse and \$1,500 for each dependant will be required in financial support.

Note: A bank letter must be attached to this form providing evidence of the funds available to meet the expenses of the student.

I, _____ (Applicant's name) certify that the information provided above is correct and complete and that I am responsible for all expenses incurred during my study at West Texas A&M University not covered by the sponsor.

Applicant's Signature _____ Date _____

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WTAMU Box 60745 Canyon, Texas 79016-0001 • 806-651-2073 • Fax 806-651-2071

1. GENERAL INFORMATION**Name of Applicant**

First name

Middle or other name

Family name

Other family name(s) that might appear on documents

Date of Birth (MM/DD/YYYY)

Gender

☐ Male ☐ Female

Country of Education

E-mail Address

M I C H E L L E @ E S L I - I N T L . C O M

Name of Contact

Michelle Griggs

Phone Number(s)

360-724-0547

Fax Number(s)

360-724-0548

Address 1

ESLI

4528 Humphrey Hill Road

Sedro Woolley, WA 98284 USA

Address 22 Number of reports☐ Overnight delivery☐ Sealed envelope(s)☐ Originals

____ Number of reports

☐ Overnight delivery☐ Sealed envelope(s)☐ Originals**Revision Requests**

FCSA ID: _____

Date of previous evaluation / revision: _____

Type of evaluation you are currently requesting:☐ General Statement of Equivalency☐ Detailed Evaluation of Coursework**2. SERVICES AND FEES****BASE FEES (choose all that apply)**

- ☐ General Statement of Equivalency \$75 (US)
- ☒ Detailed Evaluation of Coursework \$110 (US)
- ☐ ABET Evaluation \$150 (US)
- ☐ Pre-Evaluation (Study Abroad) \$110 (US)
- ☐ Revision \$50 (US)
- ☐ Additional Copies (per number of copies) \$25 (US)

TIMEFRAME OPTIONS (choose one only, add to Base Fee)

- ☐ Standard (Approximately 10-15 working days) No additional fee
- ☐ Rush Service (3 working days) \$75 (US)
- ☐ One Day Service (General Evaluation) \$175 (US)
- ☐ One Day Service (Detailed or ABET Evaluation) \$210 (US)

DELIVERY OPTIONS (add to Base Fee)

- ☐ Standard U.S. / International First Class Mail No additional fee
- ☐ U.S. Overnight Delivery (per address) \$25 (US)
- ☐ Foreign Overnight Delivery (per address) \$35 (US)
- ☐ Return of Original Documents via Certified US Mail \$10 (US)

Base fee plus all applicable optional fees = **TOTAL** \$110.00**3. PAYMENT INFORMATION****SELECT METHOD OF PAYMENT**

- ☐ Enclosed Check or Money Order
- ☐ Credit Card ☐ Visa ☐ MasterCard ☐ American Express

Name on card: _____ CCV# Credit card #: Exp date: / Signature: _____**4. REFERRAL INFORMATION****HOW DID YOU LEARN ABOUT FCSA?**

- ☒ Referral _____ ESLI
- ☐ Internet Search _____
- ☐ Phone Listing _____

PURPOSE OF EVALUATION?

- ☐ Employment ☐ H1 Visa / Immigration ☒ University admission
- ☐ Teacher certification ☐ Board or agency licensure ☐ Other

5. SUMMARY OF EDUCATIONAL EXPERIENCE

Name of school and location	Years of attendance month/year	month/year	Degree, title, or certificate	Year earned or expected
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

6. SIGNED STATEMENT

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read the instructions and conditions and agree to the terms stated therein. I understand that cancellations must be requested prior to the completion of the evaluation and that the base fee includes a nonrefundable \$25 processing fee. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. I release Foreign Credentials Service of America from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation.

Signature of Applicant / Contact _____ Date _____

WEST TEXAS A&M UNIVERSITY
Department of Residential Living

APPLICATION FOR HOUSING

PLEASE PRINT OR TYPE ONLY

Social Security Number: _____

Date: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____
(last) (first) (M.I.)

Drivers License No: _____ Sex: _____ Age: _____ Phone: (____) _____

College Classification: 1st Semester Freshman Junior
(Please Circle One) 2nd or more Semester Freshman Senior
Sophomore Graduate

Parent or Guardian Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Semester Applying for: (fill in the year of all that apply)

Fall 19 _____ Spring 19 _____ 1st Summer 19 _____ 2nd Summer 19 _____

Roommate Preference: _____ Hall Preference: _____

(Both must request each other)

Would you prefer a non-smoking roommate? Yes _____ No _____

If possible, rooms are assigned on the basis of student requests. In the absence of requests, the assignment will be made at random. All applications are received and assigned without regard to race, color or national origin. Refrigerators are assigned on a first-come, first-served basis unless a valid medical need is involved. If you have any requirements that require special attention by the Office of Residential Living, please attach them to the application.

Rooms are contracted for the academic year (fall and spring), spring only, or for either or both summer semesters. Room deposit is \$100. Should a refund be desired, you must notify the Office of Residential Living in writing by **Aug. 1** for the fall semester, **Dec. 15** for the spring semester, **May 15** for the first summer semester and **June 15** for the second summer semester. Drivers license state and number are required on all payments made by check.

RETURN APPLICATION WITH DEPOSIT ENCLOSED TO: RESIDENTIAL LIVING
WTAMU BOX 878
CANYON, TEXAS 79016-0001

(ROOM DEPOSIT IS \$100)

(office use only)

Name: _____ Social Security No.: _____

Hall: _____ Room: _____ Semester effective: _____



West Texas A&M

UNIVERSITY

International Student Office

TRANSFER STUDENT FORM

SECTION I – To be completed by applicant.

* Please attach a copy of I-20, I-94 card, Visa page, and Passport page

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

Address: _____
(Street and Number) City State Zip code

Phone number: _____ E-mail: _____
(Area code) (Number)

How long is this address valid? _____
(mm/dd/yr)

Alternative contact address: _____
(Street and Number) City State Zip code

Alternative telephone number: _____
(Area code) (Number)

Intended start term: ☐ Fall ☐ Spring ☐ Summer (check one), year _____

Will you travel outside the U.S. prior to registration at WTAMU? Yes ___ No ___

Home permanent address: _____
(Street and Number) City State Zip code

Do you have any dependents in the U.S? Yes ___ No ___

Please list dependents:

(Family name) (First name) (Date of birth) (Country of citizenship) (Country of birth) (Relationship)

(Family name) (First name) (Date of birth) (Country of citizenship) (Country of birth) (Relationship)

Student signature _____ Date _____

A Member of The Texas A&M University System

WTAMU Box 60745

• Canyon, Texas 79016-0001

• 806-651-2073

• Fax 806-651-2071

SECTION II – To be completed by DSO / Foreign Student Advisor

Visa Type: _____ Visa expiration date: _____

Admission Number (I-94 card number): _____

Passport Number: _____ Expiration date: _____

What country issued passport? _____

SEVIS I.D Number: _____ SEVIS release date: _____

I-20 program start date: _____ Program end date: _____

Current or last semester of enrollment: _____

Semester start date: _____ Semester end date: _____

To the best of your knowledge, is this student in legal status with BCIS? Yes ___ No ___

If no, has a reinstatement been filed? Yes ___ No ___ Date filed _____

Is student eligible to transfer? Yes ___ No ___

List all periods and types of practical training: _____

_____ Signature of school Official	_____ Name & Title	_____ Date
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_____ Name	_____ Address	_____ Telephone number	_____ E-Mail address
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Please return to: West Texas A&M University
International Student Office
WTAMU Box 60745
Canyon, Texas 79016

Evidence of Vaccination against Bacterial Meningitis (For International Student Use ONLY)

As a first-time, transferring, or returning student attending an institution of higher education, you must provide your school with evidence of vaccine against bacterial meningitis.

Last Name: _____ First Name: _____

Student ID (Buffalo Gold Card #) _____

Date of Birth: _____ Phone Number: _____

E-mail Address: _____

Compliance Rules:

- Vaccine information must be in English
- An immunization record issued by a state or local health authority will be accepted
- The vaccine must be administered during the five-year period preceding, or at least 10 days prior to the first day of class

Date bacterial meningitis vaccination was administered: ____/____/____

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
- The individual who administered the bacterial meningitis vaccination to the student named above is or was a Health Practitioner authorized by law to administer an immunization.
- The bacterial meningitis vaccination was administered to the student named above by the Health Practitioner named below and on the date provided below.

Health Practitioner name (Print): _____

Health Practitioner or Designee Signature: _____ Date: ____/____/____

Discover the BUFF in You.

Trinity Western University
Langley, BC, Canada

McNeese State University
University of Southern Indiana



Texas A&M University – Corpus Christi
Texas A&M University – Texarkana
West Texas A&M University
Western Kentucky University

4528 Humphrey Hill Road, Sedro Woolley, WA 98284
Email: esli@esli-intl.com Web: www.esli-intl.com
Tel: 360-724-0547 Fax: 360-724-0548

ESLI

CREDIT CARD AUTHORIZATION

NAME OF STUDENT: _____

I authorize ESLI to debit on my credit card details as follow:

CREDIT CARD HOLDER: _____

() MASTERCARD () VISA

CREDIT CARD NUMBER: _____

SECURITY CODE (3 digits): _____

EXPIRATION DATE: _____

ZIP CODE: _____

The amount of \$ _____

That refers to the payment of the enrollment fee at the ESLI Language Center.

Credit Card Holder's Signature

City, and Date