

Admission Application
Brownsville Campus

ID # 000-_____

Please print clearly.

1. Your Name: (Please write your name as it appears on your passport)

Last Name(s) First Name Middle Name

2. Sex: Female Male

3. Date of Birth: _____ (month) _____ (day) _____ (year) 4. City & Country of Birth _____ 5. Country of Citizenship _____

6. Are you 17 years of age or older? Yes No

7. What is your highest level of education? _____

8. Which program are you applying for? Intensive Semi-Intensive: Evenings Semi-Intensive: Saturdays

9. Permanent Address

10. Local Address

Street Address

Street Address

City State Postal Code Country

City State Postal Code Country

11. Telephone (Permanent) _____

12. Telephone (Local) _____

13. Email used in Online Registration System: _____

14. How did you find out about the Language Institute? Friend or relative Internet Flyer Other _____

15. How long do you plan to study English? _____

16. Are you a legal resident or citizen of the US? Yes No

17. Do you need an I-20 for an F-1 student visa? Yes No

18. Which session are you applying for? Fall I Fall II Spring I Spring II Summer I

19. Do you have dependents (spouse and/or children) requesting entry under your F-1 student visa? [] Yes [] No
 If you answered yes, please provide dependents information.

20. Information about your dependents.

Last Name (As it appears in the passport)	First Name (As it appears in the passport)	Date of Birth (Month/Day/Year)	Country of Birth	Relationship to Student

Student Agreement

I have carefully read this form and completed it personally. I certify that all the information on this application is true and correct to the best of my knowledge. Giving false information may make me ineligible for admission to this program.

_____ I was informed about the meningitis vaccine requirement if I'm under 22.

_____ I understand that refunds will only be given two weeks before the starting date of the program. No Exceptions! Refunds require 4-6 weeks to process. If I request a refund for any reason, a full refund will be given less \$100.00 (USD). I understand that a \$100.00 processing fee and any late fees are non-refundable. If I cannot be placed in an existing level or if a course is cancelled due to insufficient enrollment, a full refund will be given less a \$50.00 testing fee.

_____ I cannot be transferred to another session, unless I get prior approval from the Director and there will be a \$50.00 charge.

_____ I understand I need to attend **Mandatory Orientation** the Friday before classes begin.

_____ I was given information on the fee associated with the **I-901(SEVIS)** form, which is required before making an appointment at the American Consulate.

_____ I understand that the I-20 form and the stamped I-94 must be attached to the passport at the point of entry the first day you enter the United States.

_____ I was issued a date for the placement test. _____

_____ I understand there will be no level changes.

_____ I have enrolled in the correct session.

_____ I was told a parking permit is not required to park at the Resaca Village Plaza parking lot, but I will need one if I go to the main campus.

_____ The Board of Regents of the UT-System schools requires that all international students have medical insurance every session. The Board of Regents has also granted an exception for Mexican Nationals attending the Language Institute. For further details please visit: www.utpa.edu/eli

_____ If you are **contemplating a change of status** before the initial date of the Program, you must inform the LI office at the time of admissions for review of refund policy.

In accordance with the provisions of Section 504 of Rehabilitation Act of 1973, the University requests information on disabilities solely for the purpose of offering appropriate accommodations to disabled students. Your response on this form is voluntary and will be kept confidential. Failure to provide the information will not subject you to any adverse treatment.

(Optional) Do you have a physical, sensory or mental disability, or medical condition that substantially limits one or more of life activities (e.g. walking, seeing, hearing, breathing, learning, etc.)? [] No [] Yes

If yes, please describe type _____.

Student's Signature

Date