## The University of Texas Rio Grande Valley Language Institute

## Admission Application Saturday Program - Edinburg Campus

Please print clearly.					
1. 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) (yea	ar) 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. Permanent Address			9. Local Address				
Street Add	dress			Street Add	dress		
City	State	Postal Code	Country	City	State	Postal Code	Country
10. Telephone (Permanent)		11. Telephone (Local)					
12. Email used in Online Registration System:							

13. How did you find out about the Language Institute? [] Friend or relative [] Internet [] Flyer [] Other					
14. Are you a legal resident or citizen of the US? [] Yes [] No					
15. Do you have a tourist visa? []Yes []No					
16. Do you need an I-20 for an F-3 student visa? [] Yes [] No					
17. How long do you plan to study English?					
18. Session? Fall [ ] Spring I [ ] Summer [ ]					

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 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. Only applicants who cannot be placed in existing levels will be given a full refund.				
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 that a \$50.00 processing fee and any late fees are non-refundable.				
I understand that the I-20 form must be stamped and I-94 attached to the passport at the point of entry the first day you enter the United States.				
I was given information on the fee associated with the I-901(SEVIS) form, which is required before making an appointment with the American Consulate.				
I was issued a date for the placement test				
I understand there will be no level changes.				
I have enrolled in the correct session.				
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)? [] No [] Yes				
If yes, please describe type				
Student's Signature Date				
(If submitted electronically, this form must be signed at the LI Office)				
Revised: 09/17/2015				

LI Office Use Only (Do not complete this section)				
[ ] LI ID# 000	[] Student Signature [] Acceptance Letter Date:   N/A			
[] Payment Date:   N/A	[] Payment Notice Date:   N/A			
Notes:				