

INTERNATIONAL STUDENTS

Permanent Address: _____
Street Address *Apartment/Unit #*

City *State* *Postal Code* *Country*

This section applies only for students enrolled in the Intensive English Program.

Do you need an I-20 form to request an F-1 visa? Yes No
If you need an I-20, then your bank statement will need to cover your length of study.

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 below.

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

Are you transferring from another U.S. institution? Yes No
If yes, please provide the following information.

Name and Title of DSO: _____

Name and Institution Address: _____

Email: _____

If you will not be requesting an F-1 visa, please indicate your current visa status: _____

Health Insurance

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.

Session	Coverage Dates	Cost
Spring I 2021	January 1 st – February 28 th , 2021	\$493.00
Spring II 2021	March 1 st – May 2 nd , 2021	\$527.00
Summer I 2021	May 3 rd – June 27 th , 2021	\$469.00
Summer II 2021	July 6 th – August 1 st , 2021	\$226.00

Please contact our office to receive more information about the health insurance requirements and payment process.

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 the meningitis vaccine is required if I'm 21 years of age or younger.
- 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, I understand that a \$100.00 processing fee and any late fees are non-refundable.
- I cannot be transferred to another session.
- I understand I need to attend a **Mandatory Orientation** the Friday before classes begin. _____
Orientation Date
- 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 if I do not register (each session) or skip a session my I-20 will be canceled, and I will have to pay the \$350.00 SEVIS fee (when/if) I register again.
- I was issued a date for the placement test. _____
Test Date
- I understand there will be no level changes.
- I understand that F-1 Border Commuter Students cannot live in the United States.
- I have enrolled in the correct session.
- I understand a parking permit is required to park at the CESS building.
- 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 contact us. I understand that I will not be able to attend class if I cannot provide proof of insurance by the **Friday before classes begin**. 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.)?

Yes No

If yes, please describe type _____

Date: _____

Student Signature: _____ Date: _____

LI OFFICE USE ONLY

LI ID# 000 - - Meningitis N/A U.S. Address N/A

Medical Insurance Start Date: _____ End Date: _____ N/A

University ID# _____ Acceptance Letter Date _____

Payment Date _____ Payment Notice Date _____ N/A

Notes