



I am applying for: \_\_\_\_\_ English Language Institute (ELI) Only  
 I am applying for: \_\_\_\_\_ Undergraduate Degree after ELI  
 I am applying for: \_\_\_\_\_ Graduate Degree after ELI

I want to begin my studies for the \_\_\_\_\_  
 \_\_\_\_\_ Session

Proposed Undergraduate Major \_\_\_\_\_  
 Proposed Graduate Major \_\_\_\_\_

**PERSONAL DATA**

\_\_\_\_\_ Female \_\_\_\_\_ Male

**Full Legal Name as it appears on your passport:**

\_\_\_\_\_ Surname/Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Permanent Home Address in your Country \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Month Day Year

Mailing address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

U.S. Permanent Resident (resident alien) \_\_\_No \_\_\_Yes

I \_\_\_\_\_ plan \_\_\_\_\_ do not plan to bring dependents with me to the United States

Name of spouse \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Country of legal residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Number of Dependent Children (Attach names, date of birth and same information as for spouse)

**EDUCATIONAL DATA**

Please list below all secondary/high schools, colleges, and universities you have attended. Failure to list all schools may result in loss of credit or dismissal.

Name of School	Location	Dates Attended (from/to)	Credential or Diploma Title (in native language and in English) and Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STANDARDIZED TEST INFORMATION**

Check the tests below that you have taken, and enter the test dates and scores.

Test	Score	Date Taken	Date to be Taken
___ Test of English as a Foreign Language (TOEFL)	_____	_____	_____
___ Test of Spoken English (TSE)	_____	_____	_____
___ Test of Written English (TWE)	_____	_____	_____
___ Scholastic Aptitude Test (SAT)	_____	_____	_____
___ Graduate Record Exam (GRE)	_____	_____	_____

Official score reports must be submitted directly to the College of Staten Island from the Educational Testing Service, Princeton, NJ 08540. Our school Code is 2778

\_\_\_ I have not been tested

**FINANCIAL VERIFICATION FORM FOR INTERNATIONAL STUDENTS**

It is your responsibility to demonstrate that sufficient funding is available to meet all College and living expenses for at least the first year of your studies, with the assumption that this funding will be available for the duration of your degree program. The appropriate immigration document (I-20, DS-2019) cannot be issued without this form (completed, signed, and approved) and the appropriate supporting documents. Photocopy this form if it must be sent separately. All signatures must be original. See the Financial Requirements for International Students chart, which indicates the latest tuition and living-expense figures for your program.

**PERSONAL FUNDS**.....\$

Submit an ***official and original bank letter or statement*** verifying cash amount that is available.

**FAMILY/SPONSOR FUNDS**.....\$

Submit **BOTH**

.....An ***official and original bank letter or statement*** verifying cash amount that is available

**AND**

.....An ***official and original letter from the sponsor***, certifying that she or he will finance your education for the duration of your studies, with the completed information below, ***or*** a completed ***INS Affidavit of Support Form I-134***.

Name of Sponsor \_\_\_\_\_

Relationship of Sponsor to Applicant \_\_\_\_\_

Complete Address of Sponsor \_\_\_\_\_  
& Telephone number \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

**SPONSOR (in New York) PROVIDING FREE ROOM AND BOARD**.....\$ 8,000.00

Submit an ***official and original letter from the sponsor***, certifying that he/she will provide free room and board for the duration of your studies including the information below:

Name of Sponsor \_\_\_\_\_

Relationship of Sponsor to Applicant \_\_\_\_\_

Complete Address of Sponsor \_\_\_\_\_  
& Telephone Number \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

**SCHOLARSHIP**.....\$

Name of Scholarship and Scholarship provider (submit an official Scholarship Award Letter)

**TOTAL AMOUNT AVAILABLE**.....\$

**REFUND POLICY**

**Tuition must be paid in full on the first day of the program.** Students who are allowed to register late must pay their tuition in full at the time of late registration.

Students who withdraw from the program *before* the first day of classes are entitled to a 100% tuition refund. Students who withdraw from the program *within 7 calendar days of the first day of classes* are entitled to a 75% tuition refund. Thereafter, The English Language Institute will not be able to refund any tuition money.

I understand the refund policy indicated above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Application is to be returned with a \$100. 00 (US\$) Non-Refundable Application Fee, payable to "College of Staten Island".**

**Returning students are required to pay a Non-Refundable Application Fee of \$50.00 (US\$), payable to "College of Staten Island"**

**Send Application, Fee and Required Documents to:**

**The English Language Institute  
College of Staten Island  
2800 Victory Boulevard  
Bldg. 2A – Room 207  
Staten Island, NY 10314  
USA**

Group discounts and customized programs are available upon request.

**NOTE: APPLICATION FEE OF \$100. AS WELL AS TUITION COST MAY BE PAID BY CREDIT CARD. IF YOU WISH TO PAY BY CREDIT CARD PLEASE COMPLETE AUTHORIZATION FORM BELOW INDICATING AMOUNT TO BE CHARGED.**

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**CREDIT CARD AUTHORIZATION FORM  
(NO DEBIT CARDS ACCEPTED)**

STUDENT'S FULL NAME (please print): \_\_\_\_\_

Full Name of Cardholder: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Billing Phone Number of Cardholder: \_\_\_\_\_

Card type:  MasterCard  Visa: CARD NUMBER: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Sec. Code (found on back of card, last 3 digits at end of signature line): \_\_\_\_\_

Amount (in US Dollars): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Session: \_\_\_\_\_

Student ID Number (To be assigned by School): \_\_\_\_\_