English as a Second Language Programs · College of Advancing and Professional Studies · UMass Boston

Application for Full-time ESL Programs

PERSONAL INFORMATION

A. Please enter your personal information exactly as it appears on your passport.

Family Name/Surname	Given/First Name
Middle Name	
Home Country Address	City
Postal Code	Country
Home Country Phone Number	Date of Birth (M, D, Y)
Email Address	Country of Birth
Country of Citizenship	

B. Do you intend to bring your spouse or children with you? If yes, please list below their names, birth dates, country of citizenship, relationship to you, and attach passport copies.

Name	Name
Date of Birth	Date of Birth
Country of Citizenship	Country of Citizenship
Relationship	Relationship

Relationship	Relationship
C. Are you currently in the U.S.? NO YES If yes, plea	ase circle your visa status:
Tourist (B1, 2) / F-1 Student Visa / J-1, 2 Visa / L-1,	2 Visa / Permanent Resident / U.S. Citizen / Other?
D. How did you hear about our program?	
Website / Publication / Friends / Family /	Advisor at university / Other
E. Are you affiliated universities or groups with whom UMass Bosto provide the name of the institution below. MAIA / Colfuturo / Universidad Nac	
F. Please estimate your present level of English language proficie	ncy:
Not Sure / Beginner / Low Intermed	iate / High Intermediate / Advanced
G. What is your primary purpose for learning and improving your En	glish language skills?
To begin degree study in American university ,	/ For job, career, professional development /
To complete English requirements at home / For	personal reasons / Other

H. Person in the United States we may contact concerning your application:

Name	Address	Telephone & E-mail

Once you receive the I-20 document from us, you will be able to make an appointment at the U.S. Embassy or the U.S. Consulate nearest you to interview for the visa. U.S. Embassies and Consulates around the world have certain processes and requirements for applying for visas. Please contact them directly before your office visit. Do not book your flight until you have been approved for the student visa.

APPLICATION FOR THE I-20

YOU ARE REQUIRED to certify that you possess or have access to sufficient funds for each period of study to cover your tuition, transportation, and living expenses. No financial aid is available. Applicants who plan to bring their spouse and/or children must provide a financial statement of an additional \$1,000 per dependent per quarter.

FUNDS REQUIRED

Please refer to page 3 below for detailed information about required funding amounts and the corresponding semester/program dates.

PAYMENT INFORMATION

Payment is made after student arrives and is registered in classes after the first week of the program. (For de-tailed information about paying tuition, please visit: www.umb.edu/bursar/payment_information.)

PLEASE NOTE: The I-20 document may take up to ten working days (2 weeks) to process, plus mailing time and time for you to

get your visa. Please send this application allowing sufficie	0 , . , . , .	ing time and time for you to
PERSONAL SAVINGS If you are using your own personal savings, you must include official letterhead). All documentation must be in English My personal savings at this time amount to \$ cover all educational, living, and emergency expenses during the same of the same of the same of the savings are savings.	and all amounts must be in U.S. dolla (USD) of which \$	rs (USD).
PRIVATE SPONSOR (CANNOT BE ANOTHER F-1 STUDENT) If you are using your own personal savings, you must include letterhead). All documentation must be in English and all a By signing below, I promise to provide \$	mounts must be in U.S. dollars (USD). (USD) in support of all the educational	
Signature of Sponsor Date	Relationship	
Please print Name and Address:		
GOVERNMENT, FOUNDATION, AGENCY, OR CORPORATE FELLOWSHIP SU If you are receiving support from an outside agency, please of the award, period of support, and any conditions or terr	attach an official copy of your award le	etter specifying the amount
Name of OrganizationAddress		
PLEASE INDICATE WHERE WE SHOULD MAIL THE 1-20 FORM TO YOU (pl	lease print clearly)	
Name:		T
Street Address:	City:	Country:
Postal Code:	E-mail:	Telephone:
CERTIFICATION BY APPLICANT		
This is to certify that the information furnished on this form	n is true and complete to the best of m	ny knowledge.
Signature of Student Date		