

# APPLICATION FOR ELI AT THE UNIVERSITY OF SOUTHERN MISSISSIPPI

1. COURSE DATE:	<b>SPRING 1</b> _____ Jan. - Mar., 20____	<b>SPRING 2</b> _____ Mar. - May, 20____	<b>SUMMER</b> _____ June - July, 20____	<b>FALL 1</b> _____ Aug. - Oct., 20____	<b>FALL 2</b> _____ Oct. - Dec., 20____
<b>(TYPE OR PRINT ALL OF THE FOLLOWING INFORMATION)</b>					
2. Last (Family Name)		First		Middle	
3. Street Address or P. O. Box (Home Country)					
4. City			5. State/Province/Prefecture		
6. Postal Code		7. Country			
8. Telephone		9. Fax		10. E-Mail address	
11. Date of Birth month____ day____ year____			12. Place of Birth (City [or Province] and Country)		
13. Citizenship (Country)		14. Native Language		15. ___ Male ___ Female	16. ___ Single ___ Married
17. Have you ever attended our ELI program before? ___Yes ___ No				18. <b>If yes</b> , when? month____ day____ year____	
19. <b>Signature of applicant</b>				20. Date of application month____ day____ year____	
21. <b>IF YOU ARE TRANSFERRING</b> from another <b>American</b> school, please give your <b>U.S. address, school name</b> and <b>address</b> :					
Student address <b>in the U.S.</b>					
		Street or P.O. Box		City	State Zip
<b>School name &amp; address</b> in the U.S.					
Name of school					
		Street or P.O. Box		City	State Zip
<b>School</b> Telephone Number ( )			<b>Fax</b> Number ( )		
<b>STATEMENT OF FINANCIAL SUPPORT</b>					
22. I assume responsibility for all expenses for _____ while he/she is a student at The University of Southern Mississippi English Language Institute. I am aware of the total cost per 8-week course as stated on the enclosed cost schedule.					
Sponsor's Name ( <b>Please print</b> ) _____					
Address _____					
Telephone Number _____			Fax Number _____		
Sponsor's Signature _____			Email _____		
Date month____ day____ year____ Relationship to Student _____					
<b>(Sponsor must send bank verification of US \$9,000)</b>					

### BACKGROUND INFORMATION

23. Are you of Spanish/Hispanic/Latino origin?  Yes  No

24. Please check one or more of the following:

White/Caucasian  Black or African American  
 Asian  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

### DEPENDENT INFORMATION

25. **IF MARRIED**, will your wife  or husband  accompany you?  Yes  No

**If yes**, Name \_\_\_\_\_ Date of Birth month \_\_\_\_ day \_\_\_\_ year \_\_\_\_  
Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

26. **IF YOU HAVE CHILDREN**, will your children accompany you?  Yes  No

**If yes**, complete the following information:

(1) Name \_\_\_\_\_ Date of Birth month \_\_\_\_ day \_\_\_\_ year \_\_\_\_

Sex  Male  Female

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

(2) Name \_\_\_\_\_ Date of Birth month \_\_\_\_ day \_\_\_\_ year \_\_\_\_

Sex  Male  Female

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

(3) Name \_\_\_\_\_ Date of Birth month \_\_\_\_ day \_\_\_\_ year \_\_\_\_

Sex  Male  Female

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

(4) Name \_\_\_\_\_ Date of Birth month \_\_\_\_ day \_\_\_\_ year \_\_\_\_

Sex  Male  Female

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

**Mail completed application to:**  
English Language Institute  
The University of Southern Mississippi  
118 College Drive #5065  
Hattiesburg, MS 39406-0001 USA

**Express mail address:**  
English Language Institute  
The University of Southern Mississippi  
116 N. 31st Avenue, Room 209  
Hattiesburg, MS 39406-0001 USA

**Telephone:** (601) 266-4337  
**Fax:** (601) 266-5723  
**Website:** [www.usm.edu/eli](http://www.usm.edu/eli)  
**Email:** eli@usm.edu  
eli\_usm39406@yahoo.com