



ENGLISH LANGUAGE PROGRAM APPLICATION FORM

1. PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of birth: _____ (month/day/year) Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Gender: ☐ Male ☐ Female

Complete Mailing Address (in your country):

Number and Street _____ City _____

State/Province _____ Zip Code _____ Country _____

Phone Number: _____ Cell Phone: _____ Email: _____

U.S. Address (if you have one):

Number and Street _____ City _____

State/Province _____ Zip Code _____ Country _____

2. IMMIGRATION/I-20 INFORMATION

- Are you in the United States on an F-1 student visa? ☐ Yes ☐ No

If yes, what institution issued your I-20? _____

Current School Director's Name: _____ Phone Number: _____

- If you are in the U.S. and you are not on an F-1 visa, what visa do you have? _____

- Are you married? ☐ Yes ☐ No

- Do you have dependents (spouse or children), who will travel with you to the U.S.? ☐ Yes ☐ No

If yes, enter their information below:

An additional **\$3,000** USD will be required for a spouse and **\$1,500** USD for each child listed on this form

Last Name	First Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to Student

3. EXPECTED ENROLLMENT DATE (check the box that applies)

☐ Fall A 2025 (Sep 8–Dec 5)

☐ Spring A 2025 (Jan 13–Apr 18)

☐ Summer A 2025 (May 12–Aug 8)

☐ Fall B 2025 (Oct 20–Dec 5)

☐ Spring B 2025 (Feb 24–Apr 18)

☐ Summer B 2025 (June 23–Aug 8)

Estimated Costs of Attendance for International Students:

All Costs Reflect One Session	Session A	Session B
Tuition Fees***	\$3,950.00	\$2,000.00
Health Insurance* (approximate)	\$400.00	\$300.00
Books (approximate)	\$250.00	\$250.00
Living Expenses** (approximate)	\$4,000.00	\$2,100.00
TOTAL:	\$8,600.00	\$4,650.00

* Insurance must be purchased for a minimum of three months.

** Living expenses are based on a four months rental at a typical local apartment with an average price of \$650.00 per month plus \$200.00 security deposit. Food is estimated at \$75.00 per week.

*** Tuition price may vary based on UNF concurrent enrollment course rates.

4. AGENT/AGENCY

Did you use an agency to apply? ☐ Yes ☐ No Name: _____

5. ACADEMIC INFORMATION

- What is the highest level of education that you have completed?

☐ High school diploma ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate ☐ None of the above

- Why do you want to study in this program?

☐ I want to get a Bachelor's degree in the U.S. Type of Bachelor's degree _____

Have you ever been in college? ☐ Yes ☐ No If yes, how many credit hours do you have? _____

☐ I want to get a Master's degree in the U.S. Type of Master's degree _____

☐ I want to get a Doctorate degree in the U.S. Type of Doctorate degree _____

☐ Other reason, please specify _____

- How did you hear about us? ☐ Friend ☐ Family ☐ Website ☐ Other: _____

STUDENTS ON F-1 VISA MUST SIGN THE I-20 FORM AND OBEY U.S. IMMIGRATION REGULATIONS

- I understand that if I am an F-1 student, I must obey U.S. immigration policies governing international students.
- I understand that if I am an F-1 student, I must purchase health insurance.
- I understand that UNF requires specific immunizations for attending UNF classes. Students without immunizations will be required to receive them upon arrival at UNF.
- I understand that I must take the ELP Placement Test prior to the beginning of class.
- I understand that housing is NOT the responsibility of the ELP program at UNF, and that I am responsible for my living arrangements.

Student's Signature: _____ Date: _____

By typing your full name, you are officially signing this document