SUFFOLK UNIVERSITY ENGLISH LANGUAGE FOR INTERNATIONALS PROGRAM
APPLICATION FOR ADMISSION

Summer I_____ Summer II____ or Semester Program_____ Fall__ or Spring__ Year: 2010
(6 weeks - $3450) (14 weeks - $6,900)

How did you hear about ELI? Friend _______ Relative _______ Internet _______ Other _______

Name:__________________________________________________________________________
Last (Family) First Middle Initial Birthname (Maiden) Preferred first name

Permanent Address:__________________________________________________________________________ E-mail Address: __________________________
Street City Postal Code
Country

Current Address:__________________________________________________________________________
Street City Postal Code Country

Phone: Day __________________ Evening __________________ FAX ____________________
(If outside the United States, please include country code and city code.)

Date of Birth: __________________ Place of Birth: __________________ Gender: Male _____ Female _____

VISA STATUS
Do you currently hold a student visa? Yes_____ No____ Type of visa currently held: __________________________
If yes, visa number: __________________ Institution issuing visa: __________________
Country of Citizenship: __________________ Visa Expiration Date: __________________

EDUCATION
Secondary School: ____________________________________________ Years attended: __________________
Location: ____________________________________________ City Country
College/University: ____________________________________________ Years attended: __________________
Location: ____________________________________________ City Country
Major field of study: ____________________________________________ Degree, if any: __________________

EMPLOYMENT BACKGROUND
Currently employed? Yes _____ No____ Position: ____________________________
Company or organization: ____________________________________________

ENGLISH LANGUAGE BACKGROUND
Have you studied English? Yes _____ No____ Primary Language: ______________ Other Languages: __________________
Most recent English language school or program: ____________________________ Location: __________________
Dates attended: ____________________________ Highest level of study: ____________________________
Additional language school(s) or program(s) attended: ____________________________ Dates: __________________
Have you taken the TOEFL test?  Yes ______  No _______  Most recent score: ____________ Date taken: ____________ or
Date you are planning to take it: ____________  Other English language test(s): __________________________  Score: ____________

EDUCATIONAL INTENTIONS
Are you currently studying in the U.S.? ________________  If so, when does your program end? ________________
Name of Institution ____________________________  Are you in good academic standing? ________________
Have you applied to a program of study at Suffolk University before? ____________________________
If so, which program ____________________________  When ________________  ID# ____________________________

When you complete the ELI program, what will you do?
______ Attend Suffolk University, undergraduate/graduate study  Name of program: ____________________________
______ Attend another university, undergraduate/graduate study  Name of university: ____________________________
______ Return to your country to work  ______ Return to your country to study  ______ Uncertain

PERSONAL INFORMATION
Closest Relative: father ____  mother ____  wife ____  husband ____  other ____ (specify relationship) ________________

Name: _______________________________________________________________________________________

Address: ____________________________________________________________
Street __________________________________ City __________________________ Postal Code ________________

Occupation: __________________________________________________________
Employer: __________________________________________________________

Telephone: Day ____________________  Evening ____________________  FAX __________________
(If outside the United States, please include country code and city code.) (If available)

SOURCE OF FINANCIAL SUPPORT  Please fill out the attached Confidential Declaration of Finances Form.

Signature of Student: __________________________________ Date: __________________________

APPLICATION REQUIREMENTS:
• Application Fee $50.00 US
• TOEFL score or documentation of English skills
• Official proof of graduation from secondary school or university
• Declaration of Finances

Will be sent (date)  Attached  Previously sent (date)

Please return to:
Office of Undergraduate Admission
Suffolk University
8 Ashburton Place
Boston, MA 02108
Tel: (617) 573-8460 Fax: (617) 557-1574

For confirmation of the receipt of your application, please contact Charlotte McAleer, ELI Coordinator by email: cmcaleer@suffolk.edu; or fax: (617) 305-1757; or telephone: (617) 573-8677.

OFFICE USE ONLY:

REC _______ BY _______ ( )AD _______  ( )CN _______  ( )DN _______  BY ____________  __________________
Test score(s) ____________________________ Comments: ____________________________ SP09