



# Application for Full-Time English Study

Application Requirements	Visa Requirements
Financial Guarantee/Certified Bank Statement	CESL I-20/DS2019 and Admission Letter
\$105 Application Fee	SEVIS I-901 receipt *
Passport Photocopy (photo page)	Visa Application and Fee

**Apply** – Sign and submit pages 3 and 4 of the application with \$105 application fee by mail to CESL. Only complete applications and original documents will be accepted. Reapplication and re-issuance of I-20/DS-2019 costs \$105. There is a \$50 application fee to enroll in subsequent sessions.

**Immigration** – Full-time international applicants must enter the U.S. with an F-1 or J-1 student visa and study full time. CESL will send you an I-20 or DS-2019 to apply for the visa. To issue the I-20 or DS-2019, you must provide proof of financial means to pay the cost of your studies and living expenses in the U.S. Multiply the number of months you are asking for a visa by \$2,930. If you plan to bring your family add \$1,000.00 per month (see page 2 for details).

\*CESL can process the initial SEVIS payment for the I-901(\$200.00 + \$25.00 processing fee), please include \$225.00 with your application payment, if you would like this service. See webpage for details about how to apply for your Student Visa:  
<http://www.cesl.arizona.edu/Visa.htm>

**Financial Documents** - We must receive original documents from the source of your financial support.

- **Self-Pay or Private sponsorship** - If you or another individual is paying for your studies at CESL, please provide a **Certified Bank Statement**. Ask for an official letter that shows the name of the bank, the name of the account holder, a current date, and the current balance in U.S. dollars. The letter should be addressed in English to The Center for English as a Second Language, University of Arizona.
- **Scholarship** – If a government agency, university, business, or other institution is paying for your studies at CESL, the sponsor will be required to provide a letter of financial guarantee and CESL will bill the sponsor directly for tuition and fees. Students or sponsors may be billed for application and other fees, depending on sponsorship. Sponsor is required to submit a separate letter indicating the amount, terms and duration of the scholarship, including specific instructions if CESL is to bill for tuition and fees. Billing must be made through your embassy or other agent within the United States. If sponsor or scholarship pays student directly or does not provide funds before the end of the term of study, the student is responsible for paying all bills personally. All students are subject to late payment penalties and withholding of CESL grades, endorsements, and certificates until all tuition and fees are paid in full. Continuation in the CESL program will require completion of all payments due.

**Center for English as a Second Language**  
 1100 E. James E. Rogers Way  
 University of Arizona PO Box 210024  
 Tucson, Arizona 85721-0024 USA  
 Tel: 1 (520) 621-3637  
 Fax 1 (520) 621-9180  
[cesl@email.arizona.edu](mailto:cesl@email.arizona.edu)

Eligibility and admission information: <http://www.cesl.arizona.edu/applynow.htm>

CESL and the UA welcome all students, including students with disabilities (please notify CESL of any special accommodations). Admission to CESL does not guarantee admission to the University of Arizona. Students who are conditionally admitted to the University of Arizona must meet the English language requirement for admission either with the required TOEFL or IELTS score or by CESL endorsement. [www.cesl.arizona.edu/endorsement.htm](http://www.cesl.arizona.edu/endorsement.htm)

## Full-Time Program: Tuition, Fees & Estimated Living

**Cost** – Tuition covers 20.5 hours of instruction per week. Mandatory fees include health insurance and student services. Total monthly cost is \$2,930. All tuition and fees must be paid at the time of registration. **All fees are non refundable.** For updated costs and details see: <http://www.cesl.arizona.edu/cost.htm>

### Costs Table for Full Time Study in the regularly scheduled 8-week sessions.

Months	Tuition	FEES	TOTAL Tuition & Fees	Estimated BOOKS	Estimated living expenses	Additional Estimated expenses for dependents
1	\$1125.00	\$340.00	\$1,465.00	\$100.00	\$1,485.00	\$1,000.00
2	\$2,250.00	\$680.00	\$2,930.00	\$200.00	\$2,970.00	\$2,000.00
4	\$4,500.00	\$1,360.00	\$5860.00	\$400.00	\$5,940.00	\$4,000.00
6	\$6750.00	\$2,040.00	\$8,790.00	\$600.00	\$9,910.00	\$6,000.00
8	\$9000.00	\$2,720.00	\$11,720.00	\$800.00	\$11,980.00	\$8,000.00

	Tuition	Health	Student Services	Technology	Total <b>Fees</b> paid at registration. All fees are non-refundable.
One-week rate	\$ 315.00	\$ 35.00	\$ 35.00	\$ 20.00	\$90.00

**Payment** - May be made by credit card, (Visa, American Express, or MasterCard), international money order, bank check drawn on a U.S. bank, or by wire transfer. We cannot accept Western Union payments. Returned checks and denied credit cards have a \$40.00 processing fee.

- Checks and money orders should be payable to THE UNIVERSITY OF ARIZONA.
- Email [cesl@email.arizona.edu](mailto:cesl@email.arizona.edu) for wire transfer instructions; there is a \$25.00 service fee for wire transfers.

**Refund Policy** - Refunds are limited and apply only to tuition; fees are not refundable. For details, please see the refund policy on the web page: <http://www.cesl.arizona.edu/docs/WithdrawalRefundPolicy.pdf> CESL gives no refunds except in documented, extenuating circumstances. All refunds must be approved by the program administrator and require surrender of the original receipt. If payment was made by cash or check, refunds are processed through the University of Arizona Accounts Payable Office. Note that this process can take 4-6 weeks. Credit card refunds are processed directly by CESL via credit back to the card that was used for payment. Classes cancelled by CESL will be refunded in full with the original receipt.

- Students must begin study at the beginning of a regularly scheduled 8-week session. If they study less than the full 8 week session, tuition will be calculated with the “per week” rate.
- The regularly scheduled June and July, one-month sessions are ½ of the regularly scheduled 2-month sessions.
- CESL classes are scheduled between 8:00 AM to 5:40 PM. You may have class at any time between these hours.
- US Citizens or Permanent Residents living in the US are not required to buy health insurance, but must show proof of current health insurance coverage and complete and sign the Refusal of CESL provided health insurance: <http://www.cesl.arizona.edu/docs/InsuranceHealthRefusal.pdf>
- Group costs and discounts will vary from these individual rates. See: <http://www.cesl.arizona.edu/studentsservices.htm>
- For upcoming program dates see: [www.cesl.arizona.edu/applynow.htm](http://www.cesl.arizona.edu/applynow.htm)



# Application for Full-Time English Study

SECOND LANGUAGE  
TUCSON, ARIZONA

Date \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birth Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Current Age (if under 19 yrs.) \_\_\_\_ City & Country of Birth \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Country of Citizenship \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you attended CESL previously? \_\_\_\_ If yes, when? \_\_\_\_\_ What was your Student ID# \_\_\_\_\_

List any English test scores: TOEFL \_\_\_\_ TOEIC \_\_\_\_ IELTS \_\_\_\_ Student E-mail (required) \_\_\_\_\_

Were you referred by an agent? Agent name \_\_\_\_\_ E-mail \_\_\_\_\_

Have you applied for conditional admission to the University of Arizona? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Graduate \_\_\_\_ Undergraduate

**PERMANENT HOME ADDRESS** This address will be used on the I-20. It should be your permanent address in your country.

**Mailing or Local Address** This address will be used for FedEx delivery. In most countries of the world, this must be a street address. Do not use a PO Box. (Saudi Arabia and Gulf countries give PO Box **and** cell phone number).

\_\_\_\_\_  
\_\_\_\_\_

**When do you wish to begin study?** Students who wish to extend their studies may do so upon arrival. See the website for exact dates: <http://www.cesl.arizona.edu/applynow.htm> Mark ALL sessions that you plan to study; your I-20/DS-2019 will match these dates.

Fall I 2-month (Aug-Oct) \_\_\_\_ Spring I 2-month (Jan-Mar) \_\_\_\_ Summer 2-months (June-Aug) \_\_\_\_  
Fall II 2-month (Oct-Dec) \_\_\_\_ Spring II 2-month (Mar-May) \_\_\_\_ Summer 1-month (June-July) \_\_\_\_  
3-week Intersession (Dec-Jan) \_\_\_\_ 3-week Intersession (May/June) \_\_\_\_ Summer 1 month (July- Aug) \_\_\_\_

IUAP University Prep (July-Aug) \_\_\_\_ TEEN English (age 13-17 July-Aug) \_\_\_\_

**If you are currently in the U.S.**, what visa do you have? F-1 \_\_\_\_ F-2 \_\_\_\_ B-2 \_\_\_\_ J-1 \_\_\_\_ J-2 \_\_\_\_ U.S. citizen \_\_\_\_ Other \_\_\_\_

**Transfer Students** Write the name of the institution that issued your I-20/DS-2019 \_\_\_\_\_. Please print our transfer form and ask your current school advisor to complete and fax the form to us [www.cesl.arizona.edu/docs/Transfer%20form.pdf](http://www.cesl.arizona.edu/docs/Transfer%20form.pdf)

**IF YOUR SPOUSE OR CHILDREN WILL COME WITH YOU, FILL IN THE FOLLOWING INFORMATION ABOUT THEM. We must prepare a separate I-20 or DS-2019 for them to apply for a visa. Include copies of their passports.**

Family Name, First Name	Birth date Mm/dd/year	Country of Birth	Country of Citizenship	Relationship to the F-1 student
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# Financial Guarantee for Student Visa

Who will take financial responsibility for your studies? Choose ONE of the three options below.

1.     **PERSONAL SAVINGS** I will pay my tuition from my own bank account.
2.     **PRIVATE SPONSOR NAME** Someone else will pay my tuition from their bank account. For example: my parents or a relative. Write the name of your sponsor \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone # \_\_\_\_\_  
Email address \_\_\_\_\_

\_\_\_\_\_  
Sponsor's signature - I agree to pay the expenses for this applicant's studies.

3.     **SCHOLARSHIP** Government agency, university, business or other institution will pay your expenses.

Name of scholarship sponsor \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # or Email Address \_\_\_\_\_

I have read and completed all pages of this application accurately, truthfully and understand the conditions. I am 18 years of age or older, and/or I have completed high school or its equivalency, and I can read and write in my own language. I will bring proof of measles, mumps, and rubella immunization (MMR) for study on the UA campus. I will provide my own insurance for travel to and from Tucson. My English proficiency will be evaluated when I arrive and I will be placed in the best course(s) for me. If I need special accommodations for learning, I will notify CESL prior to arrival. I understand that if I arrive late I will be subject to late fees. I have read and understand the CESL refund policies. I understand that I must attend all classes and make academic progress to study at CESL.

**Sign Here** \_\_\_\_\_ Email address \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT'S SIGNATURE. **This application will not be processed without the applicant's signature and personal email address.**

If the applicant is less than 18 years old, a parent or guardian must sign below and note their relationship. The applicant must also submit additional application documents: Medical Consent to treat a Minor, Behavioral Agreement, and Recommendation from a current teacher. Please print the additional **Application for Minors** at <http://www.cesl.arizona.edu/docs/APPLICATIONforMinors.pdf>

\_\_\_\_\_  
Signature of Parent or Guardian Relationship \_\_\_\_\_

How are you making payment?  US Check/Money Order  Credit Card

Total amount enclosed with this application. \$ \_\_\_\_\_

## CREDIT CARD AUTHORIZATION

I hereby authorize The University of Arizona to charge the total payment above (US) to my credit card. There is a \$40.00 processing fee for denied credit cards. Please write clearly.

    MASTERCARD     VISA or American Express CID #     Card # \_\_\_\_\_

Expiration Date    /   /    Verification Code (last 3 digits on back of card)    

Card holder name (Please print) \_\_\_\_\_ Card holder Signature: \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_