

Application for CESL Online English Study



Date _____

PLEASE COMPLETE ALL INFORMATION

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

Birthdate: Month ____ Day ____ Year ____ City & Country of Birth _____

Country of Citizenship _____ Male ___ Female ___

Are you a current or former CESL student? ____ Dates of attendance? _____ Student ID# _____

Do you have a UA Net I.D.? ____ If yes, please indicate here _____.

Permanent Address

Your E-mail: _____

Telephone: _____

Indicate Courses and Sessions You Wish to study: See the website for course offerings and session dates: (TBA) Enroll in more than one course per session for a 5% discount on tuition!

Fall 1 2-month (Aug-Oct)

Course Title

Course Title

Spring II 2-month (Mar-May)

Course Title

Course Title

Fall II 2-month (Oct-Dec)

Course Title

Course Title

Summer 2-months (June-Aug)

Course Title

Course Title

Spring I 2-month (Jan-Mar)

Course Title

Course Title



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 have sufficient proficiency in English to enroll in this program, as determined by my TOEFL score or my level of English proficiency. If I need special accommodations for learning, I will notify CESL prior to submitting this application. I have the appropriate technology, internet connection, and computer virus protection (as outlined on the website) to complete this on-line course. I have read and understand the CESL refund policies (see: <http://www.cesl.arizona.edu/docs/WithdrawalRefundPolicy.pdf>). I understand that if I wish to use the CESL facility, I will need to show proof of MMR (vaccination against Measles, Mumps, and Rubella). For more information see: <http://www.cesl.arizona.edu/docs/ImmunizationInsurance.pdf>

Sign Here _____ Date _____

APPLICANT'S SIGNATURE. This application will not be processed without the applicant's signature.

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: Minor and Behavioral Agreement. Please print the additional **Application for Minors** at <http://www.cesl.arizona.edu/docs/APPLICATIONforMinors.pdf>

Signature of Parent or Guardian Relationship _____

My last TOEFL/IELTS score was _____ **Date of last exam** _____

REFERRAL Did a current or former CESL student refer you? If yes, you may qualify for a tuition discount. You may use only one discount. Name of CESL student _____ Date attended CESL _____
Email for Thank You! _____

Were you referred by an agent? Agent email _____

Tuition \$ _____

Application \$30

Technology \$20

(Application and technology fees are waived for current full-time CESL students)

Total amount enclosed with this application \$ _____

CREDIT CARD AUTHORIZATION FORM

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.

___ MASTERCARD ___ VISA or American Express CID # _____ Card # _____ Expiration Date ___/___

Card holder name (Please print) _____ Card holder Signature: _____

Billing Address _____

Telephone _____ Email address _____

CESL Refund Policy: <http://www.cesl.arizona.edu/docs/WithdrawalRefundPolicy.pdf>

Submit application and payment via fax, email, or regular mail (see contact information below)

Center for English as a Second Language

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University of Arizona PO Box 210024

Tucson, Arizona 85721-0024 USA

Tel: 1 (520) 621-3637

Fax 1 (520) 621-9180

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