



**UNIVERSITY OF
DELAWARE**

English Language Institute

University of Delaware
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Newark, Delaware 19716
USA

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(office use only)

Executive English Program Application (2011-2012)
Program Dates: _____

Name: Last/Family _____ First/Given _____ Middle _____
 Birth Date: ____/____/____ (mm/dd/yyyy) Gender: Male Female
 Country of Birth: _____ Country of Citizenship: _____
 Do you have a U.S. Social Security Number? Yes No If yes, what is the number? _____
 Street Address: _____
 City: _____ State/Province: _____ Country: _____ Postal Code: _____
 Telephone: _____ E-mail: _____
 What is your occupation? _____

<p>HOW YOU WILL PAY FOR YOUR PROGRAM</p> <p>To attend this program, you must include proof of financial resources with this application (example: a bank statement). The bank statement must reflect at least US \$5,000, the total estimated costs for the program. If you have a sponsor, you must include a letter of support from your sponsor. A sample letter of sponsorship is available online at www.udel.edu/eli/apply_sponsor.html.</p>	<p><i>Estimate of Expenses</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Fee</td> <td style="text-align: right;">\$ 100</td> <td style="text-align: right;">required</td> </tr> <tr> <td>Books</td> <td style="text-align: right;">\$ 145</td> <td style="text-align: right;">estimate</td> </tr> <tr> <td>Health Center & Insurance Fee</td> <td style="text-align: right;">\$ 200</td> <td style="text-align: right;">estimate</td> </tr> <tr> <td>Tuition</td> <td style="text-align: right;">\$ 3,485</td> <td style="text-align: right;">required</td> </tr> <tr> <td>Room and Food</td> <td style="text-align: right;">\$ <u>1,070</u></td> <td style="text-align: right;">estimate</td> </tr> <tr> <td>Total Estimated Costs</td> <td style="text-align: right;">\$ 5,000</td> <td style="text-align: right;">estimate</td> </tr> </table> <p><i>Costs valid until August 15, 2012; prices subject to change.</i></p>	Application Fee	\$ 100	required	Books	\$ 145	estimate	Health Center & Insurance Fee	\$ 200	estimate	Tuition	\$ 3,485	required	Room and Food	\$ <u>1,070</u>	estimate	Total Estimated Costs	\$ 5,000	estimate
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SIGNATURES

I certify that the above information is correct, that I am registering for this course, and that I am responsible for meeting all costs associated with the program. I understand there is no refund for late arrival, early withdrawal, or dismissal.

SIGNATURE OF SPONSOR	DATE	RELATIONSHIP TO APPLICANT
SIGNATURE OF APPLICANT	DATE	

Deposit and Application Fee Payment The ELI requires a US\$100 application fee (which is nonrefundable) and a US\$75 tuition deposit (which is applied to your tuition fee and is nonrefundable within 30 days of your session's start date). These fees are due with your application.

I am paying the US\$175 with Check Money Order Credit Card Master Card Visa Discover Card

ACCOUNT NUMBER	EXPIRATION DATE	CARDHOLDER'S NAME	CARDHOLDER'S SIGNATURE