



# Intensive English Center Application 2012-2013

1800 LINCOLN AVENUE  
EVANSVILLE, INDIANA 47722  
U.S.A.

## SESSION DATES

**Please check ALL sessions you plan to attend:**

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Summer I 2012  | May 14 – June 15        |
| <input type="checkbox"/> Summer II 2012 | June 18 – July 20       |
| <input type="checkbox"/> Fall I 2012    | August 15 – October 12  |
| <input type="checkbox"/> Fall II 2012   | October 15 – December 7 |
| <input type="checkbox"/> Spring I 2013  | January 3 – February 22 |
| <input type="checkbox"/> Spring II 2013 | February 25 – April 26  |

Please attach  
photograph

**Dates Include Orientation and Testing**

**Do you plan to live on campus in a residence hall (dormitory)?**  Yes  No

## PERSONAL INFORMATION

Please print or type.

Name \_\_\_\_\_ Gender:  Male  Female  
Last/Family Name First Middle

E-mail Address \_\_\_\_\_

**Present Mailing Address** \_\_\_\_\_  
Street City or Town

Country Postal Code

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

**Permanent Mailing Address** \_\_\_\_\_  
(If different from present address) Street City or Town

Country Postal Code

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

City and Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Single  Married Will your spouse and children accompany you?  Yes  No  
Month Day Year

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## ACADEMIC INFORMATION

Where did you hear about the University of Evansville Intensive English Center? \_\_\_\_\_

How many years have you studied English? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you taken a TOEFL test?  Yes  No If Yes, which type?  Paper-based  Computer-based  Internet-based

When? \_\_\_\_\_ Score? \_\_\_\_\_

What do you plan to do in the U.S. after studying English? Return home?  Yes  No Study for a degree?  Yes  No

If studying for a degree, what level?  BA/BS  MA/MS  PhD Major \_\_\_\_\_

**Would you like an application for undergraduate admission to the University of Evansville?**  Yes  No

## VISA INFORMATION

**Do you plan to apply for a student visa?**  Yes  No

Are you now in the United States?  Yes  No

If yes, what type of visa do you currently hold? **You must complete this section.**

A-1 or A-2 (Diplomatic)

J-1 or J-2 (Exchange Visitor)

Institution that issued your DS-2019 \_\_\_\_\_

F-1 or F-2 (Student)

Institution that issued your I-20 \_\_\_\_\_

Other (for example, Permanent Resident) \_\_\_\_\_

**NOTE: If your primary reason for coming to the U.S. is to study English, you should not use a tourist (B) visa.**

## MEDICAL INSURANCE

Do you have medical insurance?  Yes  No Name of insurance company \_\_\_\_\_

**Full-time students of UE are required to have medical insurance. An eligible student can purchase an insurance policy through the university after arrival** (an “eligible student” is a student of UE who is engaged full-time in international or practical training educational activities, is temporarily outside the student’s home country or country of regular domicile as a nonresident alien in the United States, and has a current passport or applicable student visa).

I certify that the information provided is accurate and complete. I understand that admission to the Intensive English Center does not constitute admission to the University of Evansville.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Do not write sponsor’s or family member’s signature)*

**Send this application to us by one of the following methods:**

- 1. Mail to the following address:**  
**University of Evansville**  
**Intensive English Center**  
**1800 Lincoln Avenue**  
**Evansville, IN 47722**  
**U.S.A.**
- 2. Fax to 812-488-6389, or**
- 3. Scan and email to [iec@evansville.edu](mailto:iec@evansville.edu)**