

**The ESL Center**  
at Mississippi State University  
Application Form  
Part Time Students

Mail this **form**, and **application fee** (\$25.00) to:

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

English as a Second Language Center Division of Academic Outreach & Continuing Education Mississippi State University P.O. Box 6268 1 Barr Avenue Mississippi State, MS 39762, U.S.A
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\_\_\_\_\_ Street Address or Box # City State Country Postal Code

Permanent

Foreign Address: \_\_\_\_\_

\_\_\_\_\_ Street Address or Box # City State Country Postal Code

Date of Birth: \_\_\_\_\_  
Month Day Year

Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please mark the session in which you plan to start taking classes:**

Spring I 20\_\_\_\_\_  Summer I 20\_\_\_\_\_  Fall I 20\_\_\_\_\_

Spring II 20\_\_\_\_\_  Summer II 20\_\_\_\_\_  Fall II 20\_\_\_\_\_

How many classes are you planning to take?

1 class  2 classes  3 classes  full time

Which class(es) are you interested in taking?

Reading  Writing  Grammar  Integrated Skills

How did you learn about the ESL Center \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT'S FINANCIAL AND INFORMATION RELEASE AGREEMENT**

I understand my expenses during studies at the ESLC and I agree to accept full responsibility for these expenses. In addition, in case of illness and/or injury, permission is granted to any appropriate medical center to examine or treat and make necessary referrals to outside physicians. I also authorize the ESLC to release information regarding my studies to my sponsoring agency or guardian.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if applicant is under 18 years of age)