

The ESL Center

at Mississippi State University

Application Form

Mail this **form, financial certification** (see next page),
and **application fee** (\$75.00) to:

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

Family Name: _____

First Name: _____

Send I-20 to:

	Street Address or Box #	City	State	Country	Postal Code
Permanent	_____				
Foreign Address:	_____				
	Street Address or Box #	City	State	Country	Postal Code

Date of Birth: _____ [] Male [] Female
 Month Day Year

Country of Birth: _____ Country of Citizenship: _____

Phone #: _____ Fax #: _____

E-mail address: _____

Will family members come with you? [] Spouse [] Children Number of Children _____

Name: _____ Date of Birth: _____ [] Male [] Female Country of Birth: _____

Name: _____ Date of Birth: _____ [] Male [] Female Country of Birth: _____

Please mark ALL of the sessions in which you plan to attend:

[] Spring I 20_____ [] Summer I 20_____ [] Fall I 20_____

[] Spring II 20_____ [] Summer II 20_____ [] Fall II 20_____

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)