

## Application Checklist and additional information

**The following should be submitted at the same time:**

- Completed application
- Copy of the applicant's passport
- \$100 application fee (see below)
- Financial certification or Sponsorship letter (see below)
- Copies of transcripts (if applicable)

**Transfer students, please submit:**

- A copy of your most recent I-20 form
- A copy of your I-94 ( <https://i94.cbp.dhs.gov> )
- A copy of your F-1 student visa

**Permanent Residents or Citizens**

- Please submit a copy of your permanent resident card ("green card") or proof of your US citizenship (*ex: passport*)

**Dependent's information:**

- Copy of each dependent's passport (if applicable)
- Completed dependent supplement (page 5 of application)

**Application fee**

Please pay by check or money order. **Please include your full name and make checks payable to: Saint Mary's College**  
**You will receive a receipt once your application has been processed.**

**Financial Certification**

An applicant must submit official bank statements or an official bank letter (on letterhead, signed by bank official) indicating enough available funds to cover the cost of the applicant's program, living expenses, personal expenses, and fees. Please note that not all students will have the same personal or living expenses. Please see the "Program Costs" section for more information.

**Sponsorship letter**

**Personal sponsor**

Please submit a letter that states: applicant name, sponsor name, sponsor's contact information (complete address, email, and phone number), sponsor's relationship to applicant, sponsor's agreement to pay all expenses for the applicant during the entire program duration.

**Government sponsor**

Please submit any documentation from the government sponsor that states what expenses will be covered and/or not covered

**Please submit all materials via mail, email or fax**

| Mail  | Email (as PDF or JPEG)   | Fax             |
|---|--|-----------------|
| Saint Mary's College<br>English Language School<br>50 Spes Unica Hall<br>Notre Dame, Indiana<br>46556 USA | Email: <a href="mailto:els@saintmarys.edu" style="color: blue; text-decoration: underline;">els@saintmarys.edu</a> | +1.547.284.4141 |

**Questions?**

Please visit our website – [cwil.saintmarys.edu](http://cwil.saintmarys.edu)  
 Or call +1.574.284.4212



**English Language School Application**

**ALL FIELDS MUST BE COMPLETE (Please print or type)**

| SAINT MARY'S USE ONLY             |  |
|-----------------------------------|--|
| Date received:                    |  |
| Transcripts received:             |  |
| Financial certification received: |  |
| Copy of passport received:        |  |
| Application fee paid:             |  |
| Student number assigned:          |  |

**Student Information**

|  |  |
|--|--|
| Family/Last name: <i>(as it appears on passport)</i> |  |
| First name: <i>(as it appears on passport)</i>       |  |
| Middle name: <i>(if applicable)</i>                  |  |
| Date of birth: (MM/DD/YYYY)                          |  |
| Gender:  |  |
| Country of Birth:                                    |  |
| City of Birth:                                       |  |
| Country of Citizenship:                              |  |
| Email: (permanent)                                   |  |
| *Phone:  |  |

| Permanent address in home country |  |
|-----------------------------------|--|
| Street Address                    |  |
| City                              |  |
| State/Province                    |  |
| Country                           |  |
| Postal code                       |  |

| Mailing address (where I-20 is to be sent) |  |
|--|--|
|  | <input type="checkbox"/> Same as permanent address |
| **Street Address                           |  |
| City                                       |  |
| State/Province                             |  |
| Country                                    |  |
| Postal code                                |  |

**PLEASE NOTE**

\*I20s CANNOT be mailed without a phone number

\*\*I20s CANNOT be mailed to PO BOXES

**Student Education Information**

|                                       |   |                |  |
|---------------------------------------|---|----------------|--|
| Highest level of education completed: | <input type="checkbox"/> Secondary School / High School <input type="checkbox"/> College / University <input type="checkbox"/> Postgraduate   |                |  |
| What is your English level?           | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate Low <input type="checkbox"/> Intermediate High <input type="checkbox"/> Advanced <input type="checkbox"/> Bilingual |                |  |
| TOEFL score: <i>(if applicable)</i>   | Date tested: <i>(MM/DD/YYYY)</i>  | Test Location: |  |
| IELTS score: <i>(if applicable)</i>   | Date tested: <i>(MM/DD/YYYY)</i>  | Test Location: |  |

**Student Visa Information**

|   |  |
|---|--|
| Do you require a visa to study in the US? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I am a US citizen or US Permanent Resident <input type="checkbox"/> I am a Refugee |
| Are you currently in the US?              | <input type="checkbox"/> YES <input type="checkbox"/> NO   |

|  |   |
|--|---|
| If you are currently in the US, what is your visa status?  | <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> J-1 <input type="checkbox"/> B-2 <input type="checkbox"/> Other: _____ |
| Do you require an F-1 transfer form?   | <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Do you have dependents?  | <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| **You must show an additional \$3000 in financial coverage for each dependent per year. You must submit a copy of each dependent's passport with your application. Please complete the dependent supplement on page 4. |   |

### Student Program Information

**Please select ALL sessions you will attend.**

It is important to indicate when you plan start. The dates you indicate will be used as your program start and end date on your I-20 (if applicable).

#### Session Dates

|                    |                                    |                           |
|--------------------|------------------------------------|---------------------------|
| <b>Fall 2018</b>   | <input type="checkbox"/> Session 1 | August 20 – September 14  |
|                    | <input type="checkbox"/> Session 2 | September 17 – October 12 |
|                    | <input type="checkbox"/> Session 3 | October 22 – November 16  |
|                    | <input type="checkbox"/> Session 4 | November 19 – December 14 |
|                    |                                    |                           |
| <b>Spring 2019</b> | <input type="checkbox"/> Session 1 | January 14 – February 8   |
|                    | <input type="checkbox"/> Session 2 | February 11 – March 8     |
|                    | <input type="checkbox"/> Session 3 | March 18 – April 12       |
|                    | <input type="checkbox"/> Session 4 | April 15 – May 10         |
|                    |                                    |                           |

### Saint Mary's College information

|   |  |
|---|--|
| Are you interested in conditional admission to Saint Mary's College?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you interested in admission to Saint Mary's College <b>before</b> you start the English Language School?      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you interested in admission to Saint Mary's College <b>after</b> your program at the English Language School? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Would you like the International Admissions Counselor to contact you?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

### Student Housing Information

Indicate your housing situation:

|                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> On-campus | <input type="checkbox"/> Off-campus | <input type="checkbox"/> I am not sure |
|------------------------------------|-------------------------------------|--|

If living off-campus, please explain **where** and **with whom** you will live:

### Student Financial Information

In order to receive an I-20 to obtain an F-1 student visa, you **MUST** complete the form below and provide proof of financial coverage (tuition, living expenses, and fees) for the amount of time you wish to study. **Applications without financial information or signed affidavit of support will not be accepted.** Please see "Program costs" section for totals.

Acceptable financial documents are:

- Official letter from bank (on bank letterhead, signed by official) stating funds available in USD
- Official bank statement showing total funds in USD
- Sponsor letter / Scholarship letter stating coverage (please attach with application)

|                 |   |
|-----------------|---|
| Source of funds | <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other (please explain) _____ |
|-----------------|---|

|  |   |
|--|---|
| Affidavit of support for "self" or "family"  | <p>If you selected "self" or family", the person who is financially responsible for you must read and sign the statement below:</p> <p><b><i>"I have read the information about the amount needed for the program costs and living expenses for the period of study at Saint Mary's College English Language School. I certify that these funds are available and I accept full responsibility for these expenses. I fully understand that persons coming to the United States in F-1 status are expected to maintain full-time enrollment and no student should expect to work to support his or her education. By signing this affidavit, I will be responsible for all financial obligation incurred by the applicant during their program."</i></b></p> <p>Printed name of person financial responsible: _____</p> <p>Signature: _____</p> <p>Date: _____</p> |
| Affidavit of support for "friend" or "other" | Please submit your sponsor or scholarship letter with your completed application.   |

### Program costs

Prices are subject to change. **All prices except for tuition and fees are estimated.** Please note that some students may have higher or lower living and personal expenses. Fees include mandatory Technology Fee \$45 (per session) + Facility Fee \$32.50 (per session).

#### OFF-CAMPUS

| Per session  | Per semester (4 sessions)  | Academic Year (2018-19) 8 sessions  |
|--|--|---|
| Tuition: \$1,325 (5 classes)<br>Living expenses: \$850*<br>Personal expenses: \$120*<br>Books: \$200*<br>Insurance: \$108* | Tuition: \$5,300 (5 classes)<br>Living expenses: \$3,400*<br>Personal expenses: \$480*<br>Books: \$200*<br>Insurance: \$432* | Tuition: \$10,600 (5 classes)<br>Living expenses: \$6,800*<br>Personal expenses: \$960*<br>Books: \$400*<br>Insurance: \$972* |
| <b>TOTAL: \$2,603</b>  | <b>TOTAL: \$9,812</b>  | <b>TOTAL: \$19,732</b>  |

#### ON-CAMPUS

| Per session   | Per semester (4 sessions)   | Academic Year (2018-19) 8 sessions  |
|---|---|---|
| Tuition: \$1,325 (5 classes)<br>Room & Board: \$1,415*<br>Personal expenses: \$120*<br>Books: \$200*<br>Insurance: \$108* | Tuition: \$5,300 (5 classes)<br>Room & Board: \$5,660*<br>Personal expenses: \$480*<br>Books: \$200*<br>Insurance: \$432* | Tuition: \$10,600 (5 classes)<br>Room & Board: \$11,320*<br>Personal expenses: \$960*<br>Books: \$400*<br>Insurance: \$972* |
| <b>TOTAL: \$3,168</b>   | <b>TOTAL: \$12,072</b>  | <b>TOTAL: \$24,252</b>  |

\*Indicates Average Cost

#### Dependent cost (per dependent)

| Per session | Per semester (4 sessions) | Academic Year (2018-19) 8 sessions |
|-------------|---------------------------|------------------------------------|
| \$375       | \$1,500                   | \$3,000                            |

### Declaration

I certify that I have read all the information on this application, and that all of the information I am providing is true to the best of my knowledge. I understand that as an F-1 student, it is my responsibility to maintain my status (full-time enrollment, maintain health insurance, etc) while I am enrolled in the Saint Mary's College English Language School.

|                              |              |
|------------------------------|--------------|
| <b>Signature of student:</b> | <b>Date:</b> |
|------------------------------|--------------|

## Dependent supplement

If you plan to bring your spouse or child(ren) with you to the US, they will be included on your I-20. Please fill out the form below for each dependent. You must submit a copy of each dependents passport as well as show financial coverage for each depended (see "Program Costs" section).

### Dependent #1

|   |  |   |  |                         |  |
|---|--|---|--|-------------------------|--|
| <b>Family/Last name:</b> <i>(as it appears on passport)</i> |  |   |  |                         |  |
| <b>First name:</b> <i>(as it appears on passport)</i>       |  |   |  |                         |  |
| <b>Middle name:</b> <i>(if applicable)</i>                  |  |   |  |                         |  |
| Date of birth:<br>(MM/DD/YYYY)                              |  | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |  |                         |  |
| Country of Birth:   |  | City of Birth:  |  | Country of Citizenship: |  |

### Dependent #2

|   |  |   |  |                         |  |
|---|--|---|--|-------------------------|--|
| <b>Family/Last name:</b> <i>(as it appears on passport)</i> |  |   |  |                         |  |
| <b>First name:</b> <i>(as it appears on passport)</i>       |  |   |  |                         |  |
| <b>Middle name:</b> <i>(if applicable)</i>                  |  |   |  |                         |  |
| Date of birth:<br>(MM/DD/YYYY)                              |  | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |  |                         |  |
| Country of Birth:   |  | City of Birth:  |  | Country of Citizenship: |  |

### Dependent #3

|   |  |   |  |                         |  |
|---|--|---|--|-------------------------|--|
| <b>Family/Last name:</b> <i>(as it appears on passport)</i> |  |   |  |                         |  |
| <b>First name:</b> <i>(as it appears on passport)</i>       |  |   |  |                         |  |
| <b>Middle name:</b> <i>(if applicable)</i>                  |  |   |  |                         |  |
| Date of birth:<br>(MM/DD/YYYY)                              |  | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |  |                         |  |
| Country of Birth:   |  | City of Birth:  |  | Country of Citizenship: |  |

### Dependent #4

|   |  |   |  |                         |  |
|---|--|---|--|-------------------------|--|
| <b>Family/Last name:</b> <i>(as it appears on passport)</i> |  |   |  |                         |  |
| <b>First name:</b> <i>(as it appears on passport)</i>       |  |   |  |                         |  |
| <b>Middle name:</b> <i>(if applicable)</i>                  |  |   |  |                         |  |
| Date of birth:<br>(MM/DD/YYYY)                              |  | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |  |                         |  |
| Country of Birth:   |  | City of Birth:  |  | Country of Citizenship: |  |