English Language Institute
(Application for Local Students)

Return To: English Language Institute
Website: www.eli.wayne.edu
351 Manoogian Hall
For Office Use Only
Detroit, MI 48202
WSU ID# _______________ Testing Fee: ___________
Ph: 313-577-2729
Access ID: _______________ Date: _______________

E-Mail: eliwsu@wayne.edu

Instructions to the Applicant/Checklist
1) Attach a passport size photo to the bottom right-hand corner of this application form.
2) Enclose a $50 check or money order payable to Wayne State University. The testing fee is NOT REFUNDABLE or TRANSFERABLE in case of cancellation.

Place a (√) next to the date you wish to begin your studies (check one session only):

<table>
<thead>
<tr>
<th>ELI SESSIONS</th>
<th>Session Length</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 20__ (Late August)</td>
<td>15 Weeks</td>
<td>August 01</td>
</tr>
<tr>
<td>Winter 20__ (Early January)</td>
<td>15 Weeks</td>
<td>December 01</td>
</tr>
<tr>
<td>Spring/Summer 20__ (Early May)</td>
<td>13 Weeks</td>
<td>April 01</td>
</tr>
<tr>
<td>Summer 20__ (Late June)</td>
<td>8 Weeks</td>
<td>June 01</td>
</tr>
</tbody>
</table>

NAME: __________________________________________/________________________________/_________
(FAMILY NAME) (First) (Middle)

ADDRESS IN THE U.S.

__________________________________________________________/________________________
(Current address or contact address in the U.S.) (Telephone # in the U.S.)

________________________________________/__________________________________________/_____________________
(CITY) (STATE) (ZIP CODE)

EMAIL ADDRESS: __________________________________________
(REQUIRED)

DATE OF BIRTH: _________/_________/_________    Sex: ☐ Male ☐ Female
(Month) (Day) (Year)

________________________________________/______________________________
(Country of Birth) (Country of Citizenship)

Attach Photo Here
**Additional Application Information**

- [ ] Permanent Resident (attach a copy of your card)
  
  Registration A#: ___________________

  Effective Date: ________________

- [ ] U.S. Citizen (attach a copy of your passport)

- [ ] Other: _________ (Please specify)

**Transferring Students**

Are you currently studying at another school in the United States?

- [ ] Yes

  No

If Yes, Please provide the Name and Phone Number of the Institution.

Name: _____________________________

Phone No.: __________________________

**Release of Information (Optional)**

If you wish to designate a specific person to collect the I-20 & Admission letter on your behalf please provide the following information.

Name of the Representative: ___________________________________

Address: _______________________________________________________

E-Mail: ________________________________

Phone No.: __________________________

I certify that the statements I have made on this application are correct and complete.

_________________________________

Applicant’s Signature                                                                 Date

**Where did you learn about the ELI?**

- [ ] Friend

- [ ] Advertisement (name of publication) __________________________

- [ ] Internet search/or specific web site __________________________

- [ ] Travel or Study Abroad Agency _________________________________

- [ ] Educational Fair ____________________________________________

- [ ] Other (please explain)________________________________________