

CHECKLIST.

INTENSIVE ESL PROGRAM

Dear Student:

Your application will be processed when we receive **ALL** of the following documents and information. Please use the following as a checklist.

English Language & Culture Institute application.						
Completed official certified transcripts of high school. If you have university academic records, please submit fo future application to SDSU.						
SAT/ACT official scores if taken.						
Copy of passport. (Visa if applicable and biographical pages)						
Official TOEFL score or Official IELTS score mailed directly to SDSU from testing center. (If you do not have a TOEFL or IELTS score, you will be required to take an online English assessment).						
Financial certification form.						
Letter from financial sponsor if applicable.						
Official financial document, either:						
Bank statement dated within 6 months from the time our office receives it.						
OR						
Official letter from your bank providing financial support for 2 terms/9 months.						
Documents must include:						
☐ Original bank stamp						
☐ Date they were issued						
☐ Signature and title of bank representative						

For the 2018–19 academic year, the application fee has been waived.

Please keep in mind that without a complete application packet, your application will be considered incomplete and will delay the admissions process and/or issuance of an I20.



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INTENSIVE ESL PROGRAM

| Contact Information

1	Name					
		me/Family Name, as on passport)	(First/Given Name)	(Middle)	(Other names used)
	Preferred Name	·				
2.	Permanent Hom	ne Address				
			(Number and Street)			
		(Town or City)	(Province or State)	(Pos	stal Code)	(Country)
3.	Mailing Address	3	(Number and Street)			
		(Town or City)	(Province or State)	(Po:	stal Code)	(Country)
4.	Telephone Num	nber		Email Address		
ı	Personal Inf	ormation (for I-20 Visa purp	oses)			
5.	Country of Citize	enship		Sex: ☐ Male ☐ Fe	male	
	Country of Resi	dence				
•	Data of Divide A	Manth. Davi	V	Diagonal Pi	-41-	
о.	Date of Birth	viontn: Day:	Year:	Place of Bil	τη	(City and Country)
Stı	udents under 20 yea	ars of age without dependents are	required to live in reside	ence halls. Housing inform	ation will be ema	iled with — I-20 or DS 2019.
7.	Name of Pare	ent Legal Guardian Other	(Postal Code) (Province or State) (Postal Code) (Country) (Number and Street) (Postal Code) (Country) [Province or State) (Postal Code) (Country) Email Address Sex: Male Female ay: Year: Place of Birth (City and Country) dents are required to live in residence halls. Housing information will be emailed with — I-20 or DS 2019. Other Relative (Required for students under 18 years of age.) (First) [Middle] manent U.S. resident. ent U.S. Resident Refugee or Asylee e past 12 months? Black Hispanic White Mixed (Required for reports the University must compile.) """" of or all male students.) ws \$ 13-53-1.1, no male person born after December 31, 1959 may enroll in any state-supported wered the below statement in the affirmative: with the Selective Service pursuant to the Military Service Act, fifect as of January 1, 1988, or that for a reason specified in 50, Yes No			
		(Surname/Family Name)	(First)	(Middle)	
C	amam lata O thuasan	h 12 ONI V if level neverses and	I.C. manidant			
8.	Are you a: 🔲 U	.S. Citizen Permanent U.S.	Name, as an passport) (First/Given Name) (Middle) (Other names used) (Posted Code) (Country) (Country)			
9.	In which state a	re you a resident?				
10	. Have you lived	in South Dakota for the past 12	2 months?			
11	. Ethnic Group	☐ Asian/Pacific Islands ☐ Black	☐ Hispanic ☐ Whit	e	or reports the Un	iversity must compile.)
12	. Social Security	Number	_			
13	. Selective Servic	ce Registration (Reguired for all r	nale students.)			
	Pursuant to Sou	uth Dakota Codified Law § 13-5	3-1.1, no male perso		31, 1959 may 6	enroll in any state-supported
	50 U.S.C. § 453		of January 1, 1988, or			□Yes □No

Educational Background			
14. Have you graduated from secondary school?	□Yes	(Month/Year)	
If no, when will you graduate from secondary school?	□ No		
		(Month/Year)	
Secondary School(Name)		(Location)	(Certificate/Degree)
15 Have you applied for admiration to CDCU before?	No Ifvo	, when?	
15. Have you applied for admission to SDSU before? ☐ Yes ☐	INO IT yes	s, when?(Month/Ye	ar)
16. Have you attended SDSU before? ☐ Yes ☐ No If yes, whe	en?		
		(From Month/Year to	
17. Are you presently enrolled in another school? ☐ Yes ☐ No	If yes, w	hen will you leave?	(Month/Year)
English Language Proficiency			
18. Rank Your Proficiency ☐ Advanced ☐ Intermediate ☐ Begi	nner		
19. Number of Years of Formal English Instruction	W	/here did vou studv?	
			(Name and Location)
20. English ProficiencyTest Scores (if applicable)			
TOEFL (Score) (Date)	IE	LTS(Score)	(Date)
04.11			
21. Have you attended an English institute in the U.S.? ☐ Yes If yes, where?	□ INO		
(Name)			(Date)
Program Term			
22.Indicate term/year you wish to enter. Fall Semester	_ (August)		(January), Summer(May)*
22a. *Would you like to be considered for the ESL Bridge in	nto Sumn	ner Program to begin in late	e March? ☐ Yes ☐ No
23. Were you referred to the ELCI by a current student?	es 🗆 No		
		(Name o	of student who referred you)
Deadline for the fall semester is June 15. Deadline for the spr All required application materials must be submitted by the de Late applicants will NOT be accepted for that semester.			
Signature of Applicant			

Send your completed applications to:

Office of International Affairs Attn: English Language and Culture Institute South Dakota State University H.M. Briggs Library, Box 2115, Suite 119 Brookings, SD 57007

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