



Division of Graduate and Continuing Education

New Students - Intensive Day Program Only
Application for Admission

Please [X] your choice. F-1 visa students must study at least 18 hours per week.

- Fall Semester, 15 weeks
September - December
[] 4 hours per week - Skill Building B
[] 6 hours per week - Skill Building A
[] 15 hours per week - Core
[] 19 hours per week - Core + B
[] 21 hours per week - Core + A
[] 25 hours per week - Core + A&B

- Spring Semester, 15 weeks
January - May
[] 4 hours per week - Skill Building B
[] 6 hours per week - Skill Building A
[] 15 hours per week - Core
[] 19 hours per week - Core + B
[] 21 hours per week - Core + A
[] 25 hours per week - Core + A&B

- Summer Semester, 10 weeks
June - August
[] 4 hours per week - Skill Building B
[] 6 hours per week - Skill Building A
[] 15 hours per week - Core
[] 19 hours per week - Core + B
[] 21 hours per week - Core + A
[] 25 hours per week - Core + A&B

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Tel. 508.626.4550
Fax 508.626.4030
esl@framingham.edu
www.framingham.edu/esl

Please print out your name as it appears on your passport.
[] Mr. [] Miss [] Mrs. [] Ms.
Family Name/Surname Given/First Name
Home Country Address
City Postal Code Country
Home Country Telephone Number Fax Number
E-mail
Date of Birth (Month, Day, and Year)
Country of Birth Country of Citizenship

Person in the United States we may contact concerning your application:
Name
Address
City Postal Code
Telephone Number Fax Number
E-mail
If you need an I-20, should it be mailed to this person? [] Yes [] No

Ethnic/Racial Background:

- 1. Are you Hispanic/Latino? [] Yes [] No
2. What is your racial background? (Choose all that apply)
[] American Indian/Alaskan Native [] Cape Verdean
[] Black/African American [] Asian
[] Native Hawaiian/Other Pacific Islander [] White
[] Other (specify): _____

Do you need a Form I-20 for a student visa? [] Yes [] No

If no and you are in the U.S., what is your Visa Type?

- [] F-1 [] F-2 [] J-1 [] J-2 [] B-1 [] B-2
[] Permanent Resident [] Other: _____

Are you transferring your I-20 from another school in the United States? [] Yes [] No

If yes, you must provide a copy of: the I-20 from that school, a copy of your passport and visa photo pages, and a copy of your I-94 (Arrival/Departure)

card. You must also complete a Student Visa Clearance form and have it signed by your International Student Advisor. This form must be sent to Framingham State University before a new I-20 can be issued. What is the name of the U.S. school from which you are transferring:

Do you have medical insurance that is valid in the United States?

[] Yes [] No

Education: Name of High School or University you last attended: _____

Date of Graduation: _____

Have you studied English before? [] Yes [] No

If yes, how long have you studied? _____

Have you taken the TOEFL exam? [] Yes [] No

If yes, date you took exam: _____ Score received: _____

How did you hear about our program?

[] Internet [] Publication [] Friend [] Other: _____

I certify that the above information is accurate and true.

Signature of Applicant _____ Date _____

To apply, please complete this form; for students who will study more than 6 hours per week attach a nonrefundable application deposit of \$50 (in US dollars) made payable to: Framingham State University. Mail completed form(s) with supporting documentation to the address listed above. Rev. 11/10