



Wisconsin ESL Institute

Student Application Form

www.wesli.com
 Tel: +1-608-257-4300
 Email: study@wesli.com
 19 N Pinckney St., Madison, WI 53703, USA

To apply, please submit to study@wesli.com:

- Application Form, signed
- Financial Bank Statement
- Guardianship Form (if applicable)
- Passport ID page copy
- Financial Support Letter (if applicable)
- Conditional Admission Documents (if applicable)
- \$125 Application Fee
- Fees (Express Mail, Under 18 Enrollment, University Conditional Admission)

PERSONAL INFORMATION

*Personal Information must match your passport information.

Name: _____ / _____ / _____ Male Female
Family/Last Name First Name Middle Name

Date of Birth (mm/dd/yy) : _____ Country of Birth : _____ Country of Citizenship : _____ Native Language : _____

Non-US Address: _____
Street Address City Postal Code Country

Mailing Address: _____
(if different) Street Address City Postal Code Country

Telephone: + _____ Email: _____ Level of English : Beginner Intermediate Advanced

US Address: _____
(if known) Street Address City State Postal Code

Emergency Contact Name : _____ Telephone: + _____ Email: _____

COURSES & VISAS

- Choose a Start Date:**
- January 8 July 5
 - February 5 July 30
 - March 7 September 6
 - April 2 October 1
 - May 2 October 31
 - May 29 November 26
 - Other: _____

Do you need an I-20? Yes No If yes, will you have dependents? Yes #: _____ No
(Send a copy of each dependent's passport ID page.)

Are you a transfer student? Yes No

Do you want your I-20 mailed by express mail (\$75)? Yes No

Do you want an Overseas Conditional Admission to a WESLI partner university? Yes No

*Registration and Orientation Day will usually be 2 days before Start Date. We will send updated information regarding your first 2 days here to help you plan for your arrival.

How did you hear about WESLI: Website Friend/Family Former WESLI Student Education Fair/Expo Internet
 Facebook/Instagram/YouTube Agency: _____ Other: _____

Choose the number of weeks for the program option you want to study:

General English	# of weeks	University Pathway	# of weeks	Business English	# of weeks	Teacher Training (TEFL) <small>choose program:</small>
Part-Time (16 or less hours/week)		Basic		Essential		Basic
Standard (18-22 hours/week)		Intensive Immersion		Executive		Foundational
				Executive Plus		Foundations + Grammar
English Plus	# of weeks	Test Preparation	# of weeks	Tutoring	# of weeks	Grammar Review Only
English + Pronunciation		Test Prep Basic		Individual		Practicum Only
English + American Culture		TOEFL/IELTS/GRE Workshop		Small Group		
English + Travel & Tourism				Corporate		
English + Social Media				How many hours per week? _____		

ACCOMMODATION

Do you need accommodation? Yes No If yes, what is the Start Date: _____ End Date: _____

Choose your accommodation preference: Student Residence/Dorm (no meals included) Homestay (full board)
 single room double room

For a Homestay, please answer the following: Do you smoke? Yes No Can you live with pets? Yes No
 Can you live with children? Yes No Do you have allergies? Yes No If yes, please list: _____

INSURANCE

If a student will study with an F-1 visa, they must have insurance while studying at WESLI.

Do you need WESLI Insurance? Yes (\$220/2 months) No, I will buy my own and show proof upon arrival to WESLI.

AIRPORT TRANSFER

Do you need WESLI to arrange airport transfer? MSN - Madison's Airport (\$50-private) ORD - Chicago's Airport (\$60-bus)
 If yes, what is your Arrival Date: _____ or email it to study@wesli.com.
 No, I will arrange my own transportation from the airport to WESLI.

FINANCIAL SUPPORT

How will you fund your studies while at WESLI? I have sufficient funds to cover all my expenses while studying at WESLI.

Bank Statements must show a balance that is equal to or greater than the total costs for the student's length of study.

*Students must submit a current bank statement showing sufficient funds.

A Financial Sponsor will cover all my expenses while studying at WESLI.

*A Financial Sponsor must fill out the Financial Support Letter below and provide a current bank statement showing sufficient funds:

I, _____, am the _____ of the student
Sponsor First and Family/Last Name Relationship to Student
 _____ . I agree to pay WESLI tuition and fees, and for the living expenses of
Student First and Family/Last Name
 _____ while he/she studies at WESLI and lives in the U.S. I will send my financial documentation to
Student First Name
 study@wesli.com to prove that I have at least US\$ _____ in my bank account, and that I can support the above mentioned student.

Print Sponsor Name in English

Sponsor Signature

Date (mm/dd/yy)

FEES & WAIVERS

Cost Estimator

USD \$:

Application Fee (non-refundable)	125
Under 18 Enrollment Fee (\$50)	
University Conditional Admission Fee (\$100)	
Express I-20 Mailing Fee (\$75)	
Books & Materials (\$100/2 months)	
Health Insurance (\$220/2 months)	
Airport Transfer MSN (\$50)	
Airport Transfer ORD (\$60)	
Accommodation Placement Fee (\$50)	
Tuition	
Total	

Payment Method: Credit Card PayPal Check or Money Order Cash Wire Transfer

Credit Card Payment: Visa Mastercard

Card #: _____

Expiration Date: _____ Amount: \$ _____
(mm/yy)

Cardholder Name (Print): _____

Cardholder Signature: _____

Make Checks and Money Orders payable to WESLI.

PayPal online: www.paypal.me/wesli

Bank Wire Transfer to:
 Bank Name: First Business Bank
 Address: 401 Charmany Dr., Madison, WI 53719 USA
 SWIFT Code: FBBMUS44
 Beneficiary: WESLI, LLC
 Account #: 109306900
 Routing #: 07505787

Student invoices must be paid after the student receives their visa, at least 2 weeks before arrival.

I agree to be fully responsible for tuition, all living and personal expenses while studying at WESLI. I affirm that I understand all F-1 students must have health insurance while studying at WESLI. I certify that I have provided accurate information. I understand that by signing this application form, I (or parent/guardian of student if under 18) allow WESLI to use all photographs, film, and audio that WESLI creates during my studies without further approval. If I wish to be exempt from photographs, film, or audio, I understand I must let a Student Services Coordinator know by the first week of study. **For parent/guardian of student under 18:** I give permission for this student to receive emergency medical treatment while he/she is living in the United States.

Electronic or written signature of student

Date (mm/dd/yy)

Electronic or written signature of parent/guardian
 (if student is under 18 years old)

Date (mm/dd/yy)

If a student is less than 17 years old at the start of study, a signed **Guardianship Form** must be submitted to study@wesli.com to complete the application materials.