

Instructions for the F1 Application Form

Use this form if you need an I-20 from IEI

Please type in all information, then print and sign on pages 4, 6 and 7.

The following materials must be included when applying:

- ___ Completed, signed **application form** (enclosed)
- ___ Completed, signed **affidavit of financial support** (enclosed)
- ___ Completed, signed Student **Health History form** (enclosed) (Note: Health information does NOT determine acceptance into the IEI program; the information is required by the university health center and is kept confidential.)
- ___ Original **bank letter** in English indicating that for the last 90 days the sponsor has had funds to support the student in the amount of no less than \$5,600 for each session the student plans to attend (or **sponsorship award letter** from the student's sponsoring agency)
- ___ Official **transcript** in English showing grades and courses completed from secondary school, university or English language school (whichever is most recent)
- ___ Recent **photograph**, passport size
- ___ Copy of the **information page** in your passport
- ___ **Application fee** (\$100) made payable in U.S. dollars, by check or money order, to The University of Memphis (Note: This fee is non-refundable.)
- ___ **Express mail fee** (\$75) in addition to the above fee (Note: This fee is optional. Include only if you wish us to send your acceptance packet to you via overnight express. Otherwise, it will be sent regular first class airmail.)

Send completed application and fees to:

The University of Memphis
Intensive English for Internationals
Attn: IEI Admissions
125 Patterson Hall
Memphis, TN 38152
U.S.A.

Or fax application to:

901-678-2747

If you have further questions, email us at: iei@memphis.edu

8/11/2011

F1 Student Information

Information about student visas for applicants still in their home country

Any international student who is a graduate of a secondary school and is 18 years of age prior to arrival in the United States may make application to the IEI program.

Because it may take up to several months to obtain the necessary visa to enter the U.S., a prospective student should apply as early as possible. The completed application with all required documents and fees should be received by IEI no later than six weeks before the beginning of the session. Although we can accept and process applications after that date, students should be aware that they may not be able to obtain the necessary visa before the beginning of the session.

Upon acceptance by IEI, the student will be sent a U.S. Immigration Form I-20, a letter of acceptance, and the affidavit of financial support. The student must then request a visa at a U.S. Embassy or Consulate. If the student meets the requirements, an F1 visa will be issued. Those who are issued the F1 visa must enroll as full-time students and are required to attend classes.

The student should arrive in the U.S. no earlier than 30 days before the session begins. **No students will be allowed to enroll after the first Friday of classes.** The student should plan to arrive with at least US\$1000 in traveler's checks for immediate needs and emergencies.

Information for students transferring from another US school

IEI requires the same application material from transfer students as from students coming from their home countries. The only difference is that a transfer student should supply a transcript or grade report from the previous US school instead of from schools in his or her home country. **The completed application with all required documents and fees should be received no later than one week before the posted start date of the session. Registration and fee payments must be completed by the posted start date of the session.** A new I-20 will be made once the original school has released the student's record in the SEVIS system and the student has completed registration.

Medical insurance

All students attending The University of Memphis on F1 visas must purchase Tennessee Board of Regents (TBR) medical, hospitalization, and evacuation/repatriation insurance during registration. Students must purchase this insurance before beginning classes. **Insurance purchased through private companies or provided by government agencies must be approved by the university. Approval is not guaranteed and it is not often granted. Students may be required to purchase TBR insurance even though they have policies from their home countries.** A private or government policy must provide the following:

1. Beginning and end dates that cover the entire semester (2 eight-week sessions)
2. Inpatient and outpatient coverage
3. Mental and physical health coverage (\$250,000.00 or more)
4. Medical evacuation and repatriation coverage (\$10,000.00 or more)

Note to students with dependents

IEI students who wish to bring their spouses and/or children must show an additional \$1800 in financial support for the spouse and \$900 for each child for each session. Each person's full name, relationship to the student, and date and place of birth, and copies of each person's passport information page should also be sent with the application.

Housing

IEI students are responsible for securing their own housing prior to their arrival in Memphis. Information is available for both on-campus and off-campus housing on our web site (<http://iei.memphis.edu>). Click on "Housing" under "About Our Program". An on-campus housing application will be included in your acceptance packet.

Family housing may be available on South Campus at The University of Memphis for students with dependents; however, because of the location of these apartments, students should plan on buying a car in order to attend classes and to be able to shop.

F1 STUDENT APPLICATION

When would you like to begin? (Check one session.)

Year 20_____

Fall 1 _____

Fall 2 _____

Spring 1 _____

Spring 2 _____

Summer _____

(August - October)

(October - December)

(January - March)

(March - May)

(June - July)

How many sessions would you like to study? (Circle one) 1 2 3 4 5 6

Personal Information (Please write clearly.)

Family Name _____ First Name _____

Telephone Number _____ Email _____

Address in Home Country _____

City _____ Postal Code _____ Country _____

Country of Birth _____ Country of Citizenship _____

First Language _____

Date of Birth: (month) _____ / (day) _____ / (year) _____ Sex: Male _____ Female _____

Are you transferring to IEI from another school in the USA? Yes _____ No _____

If yes, what is the name and address of your current school?

When you will finish your current classes at that school? _____

Primary Contact

(By including this information, you are giving IEI permission to communicate with the person(s) listed regarding all issues surrounding your IEI experience, including, but not limited to, account, academic, immigration, conduct, health, and safety information.)

Name _____ Relationship to you _____
(parent, other relative, friend, etc.)

Telephone Number _____ Email _____

Address _____

Have you completed the Test of English as a Foreign Language (TOEFL)? Yes _____ No _____

If yes, when? _____ Score: _____

Do you plan to attend The University of Memphis after completing IEI? Yes _____ No _____

If yes, will you attend as a graduate student? _____ or undergraduate? _____

What will be your area of study? _____

To apply for graduate or undergraduate study, a separate application must be made to The University of Memphis.

If no, what are your plans when you finish your studies at IEI? _____

Do you plan to live in university housing? Yes _____ No _____

An on-campus housing application will be sent to you in your acceptance packet.

Will any dependents be coming with you to the United States? Yes _____ No _____

If yes, see the information page. You may list the needed information on a plain sheet of paper and attach it to this application.

Do you have a U.S. Social Security number? Yes _____ No _____

If yes, Social Security # _____

How did you learn about IEI?

- Family / Friend
- Web Site – Which one? _____
- Educational placement service – Which one? _____
- International study magazine – Which one? _____
- Other – Explain _____

Certification Statement

I hereby certify that the above information is correct and that I will abide by the regulations for students in the Intensive English for Internationals program at The University of Memphis.

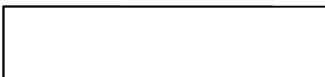
Applicant Signature _____

Date _____

Parent Signature _____

Date _____

(Parent signature is required if student is less than 18 years of age.)



Please complete BOTH SIDES in ink, and sign Permission to Treat. MINORS MUST HAVE SIGNED BY PARENT/GUARDIAN.

NOTE: This is a confidential record of your medical history and will be kept in this office. Information contained here will not be released to any person without your written authorization, except as required by law, subpoena, or court order.

NAME: _____ Sex: M F Soc. Sec. #: _____
Last First M.I. (circle one)

Permanent Address: _____ Phone #: _____ Age: _____ Date of Birth: _____

Local Address: _____ Phone #: Home _____ Work _____

Place of Birth (City, State, Country) _____ Classification: Student, Faculty/Staff, or Visitor

Emergency Notification: _____ (circle one)

Name _____ Relationship: _____

Address: _____ Phone#: _____

Check here if you or any blood relatives has had any of the following:

	You	Relative/Relationship	Remarks
Alcohol or Drug Abuse _____			
Allergies or Hay Fever _____			
Anemia or Blood Disease _____			
Asthma _____			
Cancer _____			
Diabetes _____			
Epilepsy _____			
Hearing Loss _____			
Heart Disease _____			
High Blood Pressure _____			
Infectious Disease _____			
Kidney Disease _____			
Mental or Emotional Disorder _____			
Physical Disability _____			
Rheumatoid Arthritis _____			
Stroke _____			
Suicide or Attempt _____			
Ulcer _____			
Other _____			

Prior surgeries and dates: _____

Prior major injuries and dates: _____

Prior infectious diseases and dates (include childhood diseases, Mono, TB, HIV, Hepatitis, and Sexually Transmitted Diseases):

List ALL MEDICATIONS you take routinely, and have taken for this illness (include prescriptions, over-the-counter medicines, diet pills, inhalers, allergy shots, vitamins, and birth control pills, shots, or implants): _____

List ALL ALLERGIES you have: _____

Medications: _____

Foods: _____

Environmental: _____

Skin Products or Latex: _____

Your current weight in lbs. _____ If recently changed, note how many _____ lbs. gained / loss over a period of _____ months
(circle one)

Do you use tobacco? _____ What form? _____ Usage per day? _____

Former smokers—How many cigarettes / day? _____ For how long? _____ How long ago did you quit? _____

Do you use alcohol (includes beer)? _____ How often? _____ Usage per occasion? _____

Do you use drugs? _____ What form? _____ How often? _____

Have you ever been treated for alcohol and / or drug abuse? _____

How often do you use -- Aspirin _____ Sedatives/Tranquilizers _____
Diet Pills _____ Sleeping Pills _____
Laxatives _____ Stimulants _____

Give dates for last immunizations for:

MMR _____ Hepatitis A _____ Chickenpox _____

Tetanus _____ Hepatitis B _____ BCG (intn'l. students) _____

WOMEN ONLY:

Give date of last normal menstrual period _____

Date of last PAP Smear _____, and result _____

Birth control method used _____

of pregnancies _____ # of live births _____ # of stillborns _____

of misscarriages _____ # of abortions _____ # of C Sections _____

List any complications with pregnancies _____

PERMISSION TO TREAT

Everyone must sign. For Minors, you must have the following signed by a parent or legal guardian:

Permission is hereby granted to the Student Health Services health care providers and staff to proceed with any needed emergency and/or non-emergency treatment, examinations, immunizations, and medical tests should medical or surgical attention be necessary while enrolled at The University of Memphis. I understand that under certain circumstances transportation to an area hospital for diagnosis, treatment, and possible hospital admission may be necessary. I also understand that the expenses incurred for medical care beyond that which is provided within Student Health Services are my responsibility. In addition, if a Minor, in the event of serious illness, or significant accidental injury, an attempt will be made by Student Health Services staff to contact a parent or legal guardian in the most expeditious manner possible. If said staff is unable to communicate with parent or legal guardian, the treatment for the best interest of the Minor may be given. I (parent or legal guardian) further give Student Health Services staff permission to contact my son's/ daughter's primary health care provider regarding past medical and medication history, if necessary.

Signature of Student: _____ Signature of Parent/Guardian: _____ (If student is under 18)

Date: _____ Date: _____

Parent/Guardian Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home) _____ / _____

Phone (Work) _____ / _____

Phone (Cell) _____ / _____

Emergency Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home) _____ / _____

Phone (Work) _____ / _____

Phone (Cell) _____ / _____

AFFIDAVIT OF FINANCIAL SUPPORT

Students accepted to the Intensive English for Internationals (IEI) program must provide evidence of sufficient funds for their periods of study in the United States. The information below must be submitted to IEI before the I-20 can be sent. Use the chart below to calculate the amount of money needed for the number of sessions you plan to study. Your I-20 will be based on the number of sessions that you indicate. If later you wish to study longer with us, we can extend your I-20; only an updated bank letter and affidavit will be necessary.

Tuition, fees and estimated living costs:	\$5,600	
Will you bring a spouse? If yes, add:	+\$1,800	
Will you bring children? If yes, add for each child:	+\$ 900	
Total for one 8-week session:	\$	← (write the total for one session here)
How many sessions do you plan to study?	X	← (write the number of sessions here – 1, 2, 3 or 4)
Total amount of sponsorship:	\$	← (multiply the above two numbers for the total)

If you will be sponsored by private funds, please attach an official bank letter* (in English or translated into English) and fill out the information below:

Name of Student _____

Name of Sponsor _____

Relationship to Student _____
(If you are paying your own expenses, write "Self.")

Address _____

Telephone Number _____ Email _____

***Bank letters should include the average balance for the previous 90 days (converted to US dollars), the date, the signature of the bank official, the name of the sponsor/account holder and the name and contact information of the bank, and should be on official bank letterhead.**

If you will be supported by your government or a sponsoring agency, please write the name(s) of the organization(s) below, and attach an official copy of your award letter.

I hereby certify that I am aware of the costs of the Intensive English for Internationals program. I further certify that sufficient funds are available and will be provided as required.

Applicant Signature _____ Date _____

Sponsor Signature _____ Date _____

Please complete this information