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: Or fax application to:
The University of Memphis 901-678-2747
Intensive English for Internationals
Attn: IEI Admissions
125 Patterson Hall
Memphis, TN 38152
U.S.A.

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

9/24/2014
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 or provide proof of insurance from an independent carrier or sponsorship. Students must purchase this insurance before beginning classes and must maintain coverage throughout the time of their study in the IEI program, including breaks and holidays. Information about insurance requirements is available on the IEI website (http://iei.memphis.edu) and will be included in the acceptance packet.

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.)
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 both pages in ink, and sign the Permission to Treat. Minors must have the Permission to Treat 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 (Check one.) □ Male □ Female U # ____________________________

Place of Birth (City, State, Country) ________________________________ Age __________ Date of Birth __________________

Permanent Address (Street, City, State, Zip) __________________________

Local Address (Street, City, State, Zip) ________________________________

Cell Phone ______________________ Home Phone ________________ Work Phone __________________

Email __________________________ Classification □ Student □ Faculty/Staff □ Visitor

Emergency Notification Name __________________________ Relationship to you __________________

Cell Phone ______________________ Home Phone ________________ Work Phone __________________

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>You</th>
<th>Relative/Relationship</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or Drug Abuse</td>
<td></td>
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<tr>
<td>Allergies or Hay Fever</td>
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<tr>
<td>Anemia or Blood Disease</td>
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<tr>
<td>Asthma</td>
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<td>Cancer</td>
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<td>Diabetes</td>
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<td>Epilepsy</td>
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<td>Hearing Loss</td>
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<td>Heart Disease</td>
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<td>High Blood Pressure</td>
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<td>Infectious Disease</td>
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<td>Kidney Disease</td>
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<tr>
<td>Mental or Emotional Disorder</td>
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<tr>
<td>Physical Disability</td>
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<tr>
<td>Rheumatoid Arthritis</td>
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<td>Stroke</td>
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<tr>
<td>Suicide or Attempt</td>
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<tr>
<td>Ulcer</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Prior surgeries and dates ________________________________

Prior major injuries and dates ____________________________

Prior infectious diseases and dates (includes childhood diseases, Mono, TB, HIV, Hepatitis and Sexually Transmitted Infections) ____________________________

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________
List all medications you take routinely (include prescriptions, over-the-counter medicines, diet pills, inhalers, allergy shots, vitamins, supplements and birth control pills, shots or implants) ____________________________________________________________

List all allergies you have including drug and non-drug allergies
<table>
<thead>
<tr>
<th>Allergies (such as latex, nuts, bites or stings, etc.)</th>
<th>Type of Reaction (rash, hives, swelling, etc.)</th>
</tr>
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<tbody>
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</table>

Do you use tobacco?  □ Yes  □ No  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)?  □ Yes  □ No  How often? ___________________ Usage per occasion? _____________________
Do you use drugs?  □ Yes  □ No  What form? ___________________ How often? ______________________
Have you ever been treated for alcohol and/or drug abuse? ______________________________________________________________

Permission to Treat

Permission is hereby granted to the Student Health Services healthcare 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 the student is 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 the student is 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 a 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 healthcare provider regarding past medical and medication history, if necessary.

Signature of Student ____________________________ Signature of Parent/Guardian ____________________________ (If student is under 18)
Date ____________________________ Date ____________________________

Emergency Contact Information
Name ____________________________ Name ____________________________
Address ____________________________ Address ____________________________
City, State, Zip ____________________________ City, State, Zip ____________________________
Home Phone ____________________________ Home Phone ____________________________
Work Phone ____________________________ Work Phone ____________________________
Cell Phone ____________________________ Cell Phone ____________________________