

**ENGLISH LANGUAGE ACADEMY**

STUDENT INFORMATION

FAMILY NAME (LAST NAME)

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)

GENDER  MALE  FEMALE  NOT SPECIFIED

MARITAL STATUS  MARRIED  SINGLE

CITY and COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

COUNTRY OF PERMANENT RESIDENCE

PERMANENT HOME ADDRESS (FOREIGN COUNTRY ADDRESS)

STREET & NUMBER

CITY

STATE

PROVINCE (IF APPLICABLE)

COUNTRY

POSTAL CODE

TELEPHONE NUMBER

COUNTRY & CITY CODE NUMBER

EMAIL ADDRESS

MAILING ADDRESS

SAME AS PERMANENT HOME ADDRESS  CHECK THIS BOX IF YOUR MAILING ADDRESS IS THE SAME AS ABOVE

STREET AND NUMBER

CITY

STATE

PROVINCE IF APPLICABLE

COUNTRY

POSTAL CODE

TELEPHONE NUMBER

COUNTRY & CITY CODE NUMBER



Are you having trouble with the form? Try downloading this form to your computer. Do not edit this form directly from your web browser. [Download the latest version of Adobe Reader.](#)

*The English Language Academy offers an intensive English Language proficiency program that helps to improve and strengthen the skills of non-native speakers so they can fulfill the academic requirements of a college or university.*



Learn more at [pce.sandiego.edu/english-language-academy/](https://pce.sandiego.edu/english-language-academy/)  
englishacademy@sandiego.edu | Call: (619) 260 – 8887 | Fax: (619) 260-8833

## EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME (FIRST & LAST)
RELATIONSHIP TO APPLICANT
STREET AND NUMBER
CITY
STATE
PROVINCE IF APPLICABLE
COUNTRY
POSTAL CODE
TELEPHONE NUMBER
COUNTRY & CITY CODE NUMBER

## CHECK THE TERM YOU ARE APPLYING FOR

<b>SPRING 2023</b>	<b>SUMMER 2023</b>	<b>FALL 2023</b>
<input type="radio"/> JANUARY 17 - MAY 5 (14 WEEKS) <i>SESSION A</i>	<input type="radio"/> MAY 23 - AUGUST 4 (10 WEEKS) <i>SESSION A</i>	<input type="radio"/> AUGUST 22- DECEMBER 1 (14 WEEKS) <i>SESSION A</i>
<input type="radio"/> JANUARY 17- MARCH 17 (7 WEEKS) <i>SESSION B</i>	<input type="radio"/> MAY 23 - June 30 (5 WEEKS) <i>SESSION B</i>	<input type="radio"/> AUGUST 22 - OCTOBER 13 (7 WEEKS) <i>SESSION B</i>
<input type="radio"/> MARCH 14 - MAY 5 (7 WEEKS)	<input type="radio"/> June 27- AUGUST 4 (5 WEEKS)	<input type="radio"/> OCTOBER 10- DECEMBER 1 (7 WEEKS)

**ELIGIBILITY:** To be eligible for acceptance into the ELA, you must be 18 years or older and have graduated from high school. You are required to submit an official sealed transcript or diploma from the high school you attended with this application. English translations of non-United States transcripts are required or foreign language transcripts by a certified English translation approval agency. Transcripts must be evaluated by the International Education Research Foundation, Inc. Applicants must submit a detailed report available at [www.ierf.org](http://www.ierf.org) or contact: **IERF, INC. P.O. BOX 3665 CULVER CITY, CA 90231-3665, TEL: (310) 258-9451, FAX: (310) 342-7086**

ARE YOU CURRENTLY ATTENDING SCHOOL IN THE U.S.?  Yes  No

## PROGRAM COST

**FEE SUMMARY:** In order for your application to be considered, you must submit the non-refundable application fee along with a completed application enrollment form. All of the fees described below must be paid within 10 days prior to the begin date of your program. If you fail to pay any such fees in full, you will be ineligible to enroll in and/or to continue with the program.

<b>APPLICATION FEE</b> <i>NON-REFUNDABLE, ONE-TIME FEE</i>	\$200
<b>TUITION: SPRING/FALL (14 WEEKS)</b>	\$6,175
<b>SPRING/FALL SESSIONS A OR B (7 WEEKS) TUITION: SUMMER (10 WEEKS)</b>	\$3,285
<b>SUMMER SESSIONS A OR B (5 WEEKS) FEE</b>	\$4,850
<i>DOES NOT INCLUDE BOOKS, HEALTH INSURANCE, OR HOUSING</i>	\$2,675
<b>HEALTH INSURANCE COST</b>	
SPRING/FALL	\$1,625
SUMMER SEMESTER	\$1,310
<i>RATES SUBJECT TO CHANGE</i>	
<b>HEALTH CENTER FEE</b>	\$170/SEMESTER
<b>STUDENT ASSOCIATION FEE</b>	\$125 \$100/SESSION A OR B
<b>INSTRUCTIONAL BOOK FEE</b>	
SPRING/FALL	\$375
SUMMER	\$325

**ALL OF THE FEES DESCRIBED ABOVE MUST BE PAID IN FULL 10 DAYS PRIOR TO THE START OF THE PROGRAM.**

PAYMENT OPTIONS (PLEASE DO NOT MAIL CASH)\*

- HOW WILL YOU BE PAYING?
- FLYWIRE (GO TO [ELA.FLYWIRE.COM](http://ELA.FLYWIRE.COM))
  - I WILL BE PAYING BY CREDIT CARD
  - I WILL MAIL A MONEY ORDER/CASHIER'S CHECK/BANK DRAFT/TRAVELER'S CHECK IN U.S. DOLLARS PAYABLE TO ENGLISH LANGUAGE ACADEMY, UNIVERSITY OF SAN DIEGO. A BANK DRAFT MUST BE DRAWN ON A U.S. BANK OR U.S. BRANCH OFFICE OF YOUR BANK. WE CAN ACCEPT EUROCHECKS.
  - BANK WIRE TRANSFER

**WIRE TRANSFER DETAILS:**

BANK NAME: WELLS FARGO  
420 MONTGOMERY ST.  
SAN FRANCISCO, CA 94104

ABA ROUTING #: 121000248 (FOR DOMESTIC WIRES)

SWIFT CODE: WFBUS6S (FOR FOREIGN TRANSFERS)

ACCOUNT NAME: UNIVERSITY OF SAN DIEGO

ACCOUNT #: 12720630000000002

INSTRUCTIONS: LANGUAGE ACADEMY - STUDENT NAME (FIRST, LAST)

I-20 FORM FOR A U.S. STUDENT VISA

Please complete the following financial information required to receive an I-20 form from the English Language Academy. Include a letter from your bank or a bank statement certifying that you have sufficient funds to cover tuition and living expenses. The Form I-20 is used to obtain an F-1 student visa which is required for full-time (18 hours or more of classroom instruction per week) study in the United States. For more U.S. Visa information contact the English Language Academy at 619-260-8887 or [englishacademy@sandiego.edu](mailto:englishacademy@sandiego.edu).

SOURCE OF FUNDS:  PERSONAL  FAMILY  EMPLOYER/GOVERNMENT AGENCY  FRIEND  OTHER

**STATEMENT/AFFIDAVIT OF FINANCIAL SUPPORT:** If you checked "family" or "other" under source of funds, the person who is financially responsible for you must read and sign the statement below. The amount of funds necessary depends on the cost of the program for which you wish to enroll and approximately \$1,200 per month for living expenses.

I HAVE READ THE INFORMATION REGARDING THE COST OF TUITION AND LIVING EXPENSES FOR THE PERIOD OF STUDY AT THE ENGLISH LANGUAGE ACADEMY, UNIVERSITY OF SAN DIEGO. I CERTIFY THAT THESE FUNDS ARE AVAILABLE, AND I ACCEPT FULL RESPONSIBILITY FOR THESE EXPENSES.

PRINTED NAME OF PERSON  
FINANCIALLY RESPONSIBLE:

SIGNATURE OF PERSON  
FINANCIALLY RESPONSIBLE: \_\_\_\_\_

RELATIONSHIP TO STUDENT:

**SPONSOR'S FUNDS:** If your expenses will be paid by a sponsor (your employer, a government agency, a foundation, etc.) You must attach a letter from your sponsor (in English) specifying which costs and expenses they will pay.

NAME OF SPONSORING COMPANY, AGENCY, FOUNDATION, OR GOVERNMENT AGENCY:



## DEPENDENTS INFORMATION

Family members: The family members who are planning to accompany you need their own I-20 form. You need to estimate an additional \$250 per month for a spouse or dependent. List all family members who will come to the U.S. with you:

### DEPENDENT 1

LAST NAME  
FIRST NAME  
MIDDLE NAME  
DATE OF BIRTH (MM/DD/YYYY)  
COUNTRY OF BIRTH  
COUNTRY OF CITIZENSHIP  
RELATIONSHIP TO APPLICANT

### DEPENDENT 2

LAST NAME  
FIRST NAME  
MIDDLE NAME  
DATE OF BIRTH (MM/DD/YYYY)  
COUNTRY OF BIRTH  
COUNTRY OF CITIZENSHIP  
RELATIONSHIP TO APPLICANT

## HEALTH INSURANCE

BY CHECKING THIS OPTION I CERTIFY THAT I HAVE READ ALL THE ENGLISH LANGUAGE ACADEMY INFORMATION AND THAT THE INFORMATION I AM PROVIDING IN THE APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE TO PURCHASE THE USD HEALTH INSURANCE PLAN UPON MY ARRIVAL IN THE U.S. OR TO PROVIDE MY OWN U.S.A BASED HEALTH INSURANCE PLAN.

PLEASE TYPE INITIALS HERE: \_\_\_\_\_

DO YOU NEED SPECIAL SERVICES TO ACCOMMODATE A PHYSICAL, VISUAL OR LEARNING DISABILITY?

YES  NO

IF SO, PLEASE DESCRIBE:



**Housing Options:**

**USD Student Housing**

University on-campus housing cannot guarantee dorm rooms for ELA students. Students requesting dorm rooms will be placed on an Interest List (waiting list) but the dorms may be full. Please contact Residential Life via email at [housing@sandiego.edu](mailto:housing@sandiego.edu) if you wish to be placed on the Interest List.

**Off-Campus Housing**

Off-campus housing may take 4-6 weeks to find. Give yourself enough time to find an apartment. If you are coming to San Diego without making prior housing arrangements, you will need to book a hotel room, or find a temporary place to stay before your arrival. The neighborhoods nearest USD are Pacific Beach, Mission Valley, Mission Beach, and Linda Vista. Several off-campus housing resources are described below. The resources listed are meant for informational purposes only. Additional housing resources are found on our website: [englishacademy@sandiego.edu](mailto:englishacademy@sandiego.edu).

**Old Town/Linda Vista/Pacific Ridge Apartments**

5945 Linda Vista Road  
San Diego, CA  
<https://www.livepacificridge.com/pacific-ridge-san-diego-ca>

**Mission Valley/Portofino Apartment Homes**

2500 Northside Drive  
San Diego, CA 92108  
[www.portofinoapthomes.com](http://www.portofinoapthomes.com)

**Arrive Mission Valley**

5395 Napa St  
San Diego, CA 92110  
<https://arrivemissionvalley.com/>

**Aquatera**

5777 Mission Center Road  
San Diego, CA 92108  
[www.aquateraliving.com](http://www.aquateraliving.com)

**Homestay**

**Dra Housing**

Website: [www.drahousing.com](http://www.drahousing.com)  
Daniel Acosta, Homestay  
Email: [Daniel@drahousing.com](mailto:Daniel@drahousing.com)  
TEL: (520) 405-1516

HOW DID YOU LEARN ABOUT THIS PROGRAM

HOW DID YOU HEAR ABOUT OUR PROGRAM?

- PAST OR PRESENT ELA STUDENT
- INTERNATIONAL/LOCAL FAIR
- STUDY ABROAD AGENT      NAME OF AGENT: \_\_\_\_\_
- FRIEND/FAMILY
- SCHOOL COUNSELOR/ADVISOR
- ADVERTISEMENT
- USD/ELA WEBSITE
- SEARCH ENGINE (YAHOO, GOOGLE, ALIBABA, ETC.)
- SOCIAL MEDIA
- EMBASSY/CONSULATE
- OTHER  
IF OTHER, PLEASE SPECIFY BELOW:



## PHOTO PERMISSION

**PERMISSION TO TAKE PHOTOGRAPHS FOR UNIVERSITY/ENGLISH LANGUAGE ACADEMY PUBLICITY:** From time to time, USD requests photographs of ELA events to use in publicity material or on the English Language Academy website or Facebook page.

YES  NO I GIVE MY PERMISSION FOR REPRESENTATIVES OF THE UNIVERSITY OF SAN DIEGO TO USE PHOTOGRAPHS OF ME FOR USE IN PUBLICITY MATERIALS ABOUT THE UNIVERSITY OR THE ENGLISH LANGUAGE ACADEMY. YOUR NAME WILL NOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

## ITEMS NEEDED IF APPLYING FOR A STUDENT VISA OR IF A TRANSFER STUDENT

- AFFIDAVIT OF SUPPORT IF THE BANK STATEMENT IS NOT IN YOUR NAME WRITTEN BY YOUR SPONSOR
- AN OFFICIAL SEALED TRANSCRIPT AND DIPLOMA FROM THE HIGH SCHOOL YOU ATTENDED
- BANK STATEMENT OR LETTER FROM YOUR BANK VERIFYING AVAILABLE FUNDS
- PASSPORT COPY
- U.S. \$200 NON-REFUNDABLE APPLICATION FEE
- U.S. \$500 NON-REFUNDABLE APPLICATION DEPOSIT
- FOR TRANSFER STUDENTS ONLY: COPY OF VISA
- FOR TRANSFER STUDENTS ONLY: CURRENT I-20 (ALL PAGES)
- FOR TRANSFER STUDENTS ONLY: I-94 (ELECTRONIC)
- FOR TRANSFER STUDENTS ONLY: TRANSFER FORM (PROVIDED BY ELA)
- AFTER ACCEPTANCE TO THE IELP, YOU WILL BE PROVIDED A FORM I-20. PLEASE SUBMIT YOUR I-20 FORM TO THE EMBASSY/CONSULATE IN YOUR COUNTRY FOR A VISA.

### SUBMITTING YOUR REQUIRED DOCUMENTS

After submitting your application please mail all original documents to:

EXPRESS DELIVERY ADDRESS:  
ENGLISH LANGUAGE ACADEMY  
UNIVERSITY OF SAN DIEGO  
5998 ALCALA PARK  
SAN DIEGO, CA 92110  
TEL: 1-619-260-8887

FAX: 1-619-260-8833  
EMAIL: [ENGLISHACADEMY@SANDIEGO.EDU](mailto:ENGLISHACADEMY@SANDIEGO.EDU)  
[HTTPS://PCE.SANDIEGO.EDU/ENGLISH-LANGUAGE-ACADEMY](https://pce.sandiego.edu/english-language-academy)

STUDENT SIGNATURE » I CERTIFY THE INFORMATION ON THIS ENTIRE FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTOOD AND AGREE, TO THE CANCELLATION AND REFUND POLICY, SCHEDULE, PRICES, AND STARTING DATES.

DATE (MM/DD/YYYY) » \_\_\_\_\_

Privacy Policy  
Family Educational Rights and Privacy Act (FERPA)

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the Division of Professional and Continuing Education is prohibited from providing certain information from the student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but it is not limited, to parents, a spouse, or a sponsor.

Students may grant the University permission to release information about their student records to a third party (including parents, step-parents, etc.) by submitting a completed Student Information Release Authorization. The student

[Print Form](#)

**To continue with the application process, please go to <http://pce.sandiego.edu>, login to your student account and upload this form. If you have any questions, please contact [englishacademy@sandiego.edu](mailto:englishacademy@sandiego.edu). By signing this form, you agree to the Professional and Continuing Education's Terms and Conditions.**

