

[iec@stcloudstate.edu](mailto:iec@stcloudstate.edu)

Fax: 320-308-5524

## APPLICATION INSTRUCTIONS

- Applicants must be 18 years of age or older and hold a high school diploma.
- Applicants must have some knowledge of English reading and writing, to be admitted to Level 1.
- If you are accepted, you will receive a Visa Eligibility Form (I-20) which you need to take to the American Embassy or Consulate in your country to request a student visa (F-1).
- On-campus housing is available.
- A successful completion of the IEC Program substitutes a TOEFL requirement for an SCSU degree program.
- Conditional admission to the university is possible.

## TO APPLY, PLEASE SEND

- A completed IEC application form
- A non-refundable application fee of **\$70** (your I-20 will be sent via DHL) or **\$30**, if no mailing is necessary
- **An original bank statement** confirming the funds necessary to receive an I-20, or a grant/scholarship guarantee
- A copy of your high school diploma or a college transcript and a record of two years of English or a TOEFL score
- A copy of your passport page with your name and picture
- (Optional) You may also send to our address a separate application for a degree program. One financial statement is sufficient, but please attach a separate application fee, payable to SCSU.

## THINGS TO REMEMBER

To receive an I-20 on time, send us application documents at least **3 months** before the program begins.

**Full payment for one semester and health insurance** should reach our office **2 weeks before the program begins.**

Please send application documents via international express mail or via other fast delivery postal means.

You will receive an I-20 within four weeks, if you send **all the documents and fees** listed above.

### One Semester Costs

Tuition, student fees, textbooks, trips	\$3,500
SCSU student fees, estimate*	400
Health Insurance estimate (mandatory)**	1,050/year
Room and Board on Campus	2,900
<u>Out-of-pocket expenses</u>	<u>850</u>
Total estimate	\$8,700

For discount information, please see the Financial Guarantee page.

### Refund Policy

If you withdraw from the Program before the end of the first week, a tuition refund less \$150 is given. If you withdraw during the second week, a 50% tuition refund is given. No refund is given after the second week.

### Payment Policy

Send an international bank check or money order payable to **Intensive English Center** in U.S. funds.

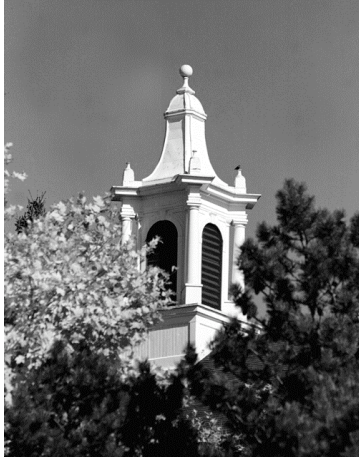
**Personal checks or credit cards will NOT be accepted.**

*\*SCSU student fees cover student ID cards, access to computer labs, computer accounts, library, sports/recreational facilities, cultural events on campus (films, plays, music performances, etc.), health and counseling centers.*

*\*\* Health insurance coverage runs from August 16, 2009, to August 15, 2010. If you start your studies in spring, the fee will be prorated. If you leave the US before the end of the academic year, you may apply for a refund of the unused portion of your annual health insurance.*

## SEND APPLICATION MATERIALS TO

Dr. Marya Teutsch-Dwyer, Director  
INTENSIVE ENGLISH CENTER  
ST. CLOUD STATE UNIVERSITY  
English Department, B-51  
720 Fourth Avenue South  
St. Cloud, Minnesota 56301, USA



# ST. CLOUD STATE UNIVERSITY Intensive English Center

[www.stcloudstate.edu/iec](http://www.stcloudstate.edu/iec)

## English Program for International Students

### 2009-2010 Academic Year APPLICATION FORM

This application is for the admission to the Intensive English Center only. Please print or type.

Note: You may FAX your application to the Intensive English Center office at (320) 308-5524; however, you **must** also send the original bank statement or other financial documents by regular post to the IEC address.

I wish to begin my classes at the IEC:

Fall 2009: 24 August - 3 December

Spring 2010: 18 January -30 April

Male  Female

Marital Status  Single  Married

Social security number, if you have one

#### LEGAL NAME AS IT APPEARS IN YOUR PASSPORT

Surname/Family Name

Given or First Name

Middle Name

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Birth Date \_\_\_\_\_ Passport Number \_\_\_\_\_  
Month Day Year

Name of parents or guardians \_\_\_\_\_

**Permanent Address in your country (no P.O. boxes):**

Street Address

City

Province/State

Zip Code

Country

**Your E-mail Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

If your I-20 is to be mailed inside the US,

Provide your Contact Person's Name \_\_\_\_\_

Street Address

City

State

Zip Code

**Contact Person's E-mail Address** \_\_\_\_\_ **Phone** \_\_\_\_\_



## FINANCIAL GUARANTEE INFORMATION

The Intensive English Center requires that applicants or sponsors provide evidence of adequate monetary funds in the bank to support educational and living expenses in the U.S.

***Tuition, student activity fee, and health insurance must be paid in full before you can register for classes in the IEC.***

- Enclose an original letter of financial guarantee signed by a bank official issued within six (6) months of the time you apply for admission to the IEC program. This letter should confirm that you have at least **\$8,700\*** available to you for one semester you will study with us, or **\$16,350** for two semesters, and approximately **\$18,500** for 12 months (this includes health insurance for 12 months). The amount of **\$18,500** does not include the cost of summer tuition, which is approx. **\$2,300**.
- Or**
- If the person providing your financial support is in the U.S., we need their notarized Affidavit of Support and an official letter of deposit from a bank with your application.
- *\*The estimate of tuition & fees is based on 18-20 class hours per week.*

Write Dollar Amount You Have Available for	Your Study and Living Expenses	\$ _____
	Your Spouse and Children Expenses*	\$ _____
*Students bringing dependents (spouse or children) should provide proof of an additional \$5,000 for the first dependent and \$3,000 for each additional dependent.		
From your Own Savings (Bank Name) _____		US\$ _____
Financial Support from your Family or Sponsor _____		US\$ _____
Name of Your Family Member or Sponsor _____		
Relationship _____		
Financial Support from a Government Agency, Foundation, University, or Business. Enclose a signed and certified letter of award. This letter may not be more than six (6) months old.		
Name of Agency or Foundation _____		US\$ _____
Address of Agency or Foundation _____		
E-mail _____	Phone number _____	

If you are enclosing payment with this application, make it payable to **Intensive English Center**.

Program and fees	\$3,900	
Health insurance (Aug 16, 2009 – Aug 15, 2010)	1,050	
Discounts    Fall - if payment received by 10 July, 2009	– \$200	
Spring - if payment received by 4 December, 2009		
Second semester IEC students receive a discount of	– \$200	
Third semester IEC students receive a discount of	– \$200	
<b>TOTAL ENCLOSED WITH THIS APPLICATION</b>		

**Dorm:** If you intend to live in the university student dorm, you need to send the dorm application with \$250 advance payment to **Residential Life, Carol Hall, St. Cloud State University, 720 Fourth Avenue South, St. Cloud, MN 56301-4498** (phone: 320-308-4695). For more information and to apply for dorm online, go to <http://www.stcloudstate.edu/reslife/default.asp>

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Please read and sign below

I certify that the information provided is accurate and complete. I understand that admission to the Intensive English Center does not constitute admission to the St. Cloud State University degree program.

**Please sign and write today's date:**

