



I E P ntensive nglish rogram

TO APPLY, PLEASE SEND:

1. A completed application form
2. A current bank statement of \$21,110 U.S.D. or equivalent foreign currency (minimum)
3. A copy of your passport photo page

New Student Transfer Student

Send completed application and materials to:

Email: cphipps@clayton.edu or
ryanpackard@clayton.edu

STUDENT INFORMATION (Please print or type)

Send my I-20 to this address

| | | | | | |
|--|--|---|------------------|-----------------|------------------------|
| Last or Family Name (as appears on passport) | | First or Given Name | | | Middle Name |
| Permanent address in home country | | City | State/Province | Zip/Postal Code | Country |
| Telephone number (area code + number) | | Fax | | Email | |
| Date of Birth (month/day/year) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single | Country of Birth | | Country of Citizenship |

ADDITIONAL CONTACT INFORMATION

Send my I-20 to this address

| | | | | | |
|--|--|----------------|-----------------|---------|--|
| U.S. contact or Agent name (if applicable) | | Address | | | |
| City | | State/Province | Zip/Postal Code | Country | |
| Telephone number | | Fax | | Email | |

Semester Applying for:

Fall (Aug - Dec) Spring (Jan – May)

STUDENT NAME: (Print): _____

VISA INFORMATION
 Are you currently in the U.S.A.? No Yes
 Visa type: _____
 Are you attending school in the U.S.? No Yes
 Name of school _____
 (If you are attending school in the U.S., you need to submit a copy of your I-20, I-94 and visa)

HOUSING
 I do not need help with housing
 Please advise me of my options
 Dorm
 Homestay

REFERRAL/AGENT INFORMATION
 How did you hear about Clayton State University?
 Agency (Name) _____
 Language School (Name) _____
 Friend or Relative (Name) _____
 Education fair (Name/Year) _____
 Embassy (location) _____
 Website _____
 Advertisement (magazine) _____
 Teacher or Advisor (name) _____
 Clayton student (name) _____
 Other _____

PAYMENT
 \$100 U.S. non-refundable application fee is required to process your application.
 To pay by credit card, please complete the credit card authorization form on page 3 of this application

HEALTH INSURANCE

Students will need to purchase health insurance through Clayton State University or provide proof of valid personal health insurance.

PROGRAM COSTS

| IEP Estimated costs for (1) Full-time session | |
|---|----------------|
| Tuition | \$1,800 |
| Application Fee | \$100 |
| Student Activity Fee | \$50 |
| Parking | \$34 |
| Health Insurance | \$200 |
| Books | \$150 |
| Total | \$2,335 |

| IEP Estimated costs for (1) Year (4 sessions) | |
|---|-----------------|
| Tuition | \$7,200 |
| Application Fee | \$100 |
| Housing | \$6,092 |
| Meals | \$3,650 |
| Living expenses, transportation | \$2,000 |
| Student Activity Fee | \$200 |
| Parking | \$68 |
| Health Insurance | \$1,200 |
| Books | \$600 |
| Total | \$21,110 |

FINANCIAL RESPONSIBILITY

All international applicants are required to show proof of financial support to live and study in the US. This includes sufficient funds available to pay for all necessary expenses and tuition for the time you are studying in the US. **You must show an additional funding of (\$4,000) for a spouse, and (\$2,000) each for dependents.** The sources of these funds will continue through the duration of your study at Clayton State. This section must be completed and signed before admission. Please attach a bank statement (not more than 6 months old) with this application. Please visit Clayton State’s website for current tuition fees: (www.clayton.edu/arts-sciences/Intensive-English-Program/Program-Costs)

I understand that I am not eligible to receive financial aid, such as grants or loans. I also understand the tuition and fees refund policies as outlined on the website.

I will pay my tuition and living expenses with: (check all that apply)

- Personal Funds Family Funds Government sponsorship from home country Company sponsorship
- Sponsor within the U.S. (additional documents required) Other _____

Your application is not complete until you have submitted all the required documents!

*Passport photo page (REQUIRED)

*Bank/Financial statement showing USD \$ 21,110 (REQUIRED)

*I-20, I-94 and visa (if transferring)

Send to: cphipps@clayton.edu or ryanpackard@clayton.edu

SIGNATURE

I certify that the information provided in this application is true and correct to the best of my knowledge. If accepted, I agree to follow all of the rules and regulations of Clayton State’s IEP as well as the rules and regulations laid out in the Clayton State University Student Handbook. I understand that willful falsification of any of the information in this application is grounds for denial of admission and may also result in dismissal from Clayton State University’s IEP.

I hereby certify that the total amount of money available for my 1st year of study at Clayton State University’s IEP and all information represented in this form is true and accurate to the best of my knowledge. I also understand that by submitting this form as part of the international admission process to obtain a form I-20, Clayton State University’s IEP cannot be held responsible for my financial situation should it change at any point during my program of study. If any part of this form is deemed fraudulent, my application may be rejected.

I verify that I understand the above questions and that the information I have provided is complete and true. I authorize Clayton State University to release my information from my records which is needed by US immigration officials pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Signature: _____

Date: _____

