



6320 Quadrangle, Drive Suite 200
Chapel Hill, NC 27517
Website: elinc.edu
Email: admission@elinc.edu
Telephone: (919)883-9033

Student Application Instructions and Checklist

All students should complete the following steps in order to successfully apply to ELI: Students may either complete the application process online or mail the following documents to ELI.

1. Students should complete the online application in its entirety. Be sure to fill in all fields. Submit the application.
2. Students will need to attach documentation to show that their expenses will be covered by themselves or another party.
3. Students filling out an application online will need to upload the following items with their application.
 - a. Copy of passport photo page
 - b. Copy of most recent transcript
 - c. Financial support documents
 - d. \$250 application fee (application will not be processed until this fee has been paid)

Transfer-in students

Students who are currently attending another SEVP approved school in the U.S., should complete steps 1-4 above, as well as the following:

5. Complete the transfer-in form which can be downloaded from the website. Section 1 of the transfer-in form should be completed by the student, and section 2 should be completed by the student's current school Foreign Student Advisor.
6. Email a copy of your current I-20, passport photo page, F-1 visa page, and port of entry page to admission@elinc.edu.

Change of status students

Students who are wishing to change their status should complete steps 1-4 above, as well as the following:

7. Complete ELI's change of status form, this form can be downloaded from ELI's website.
8. Email a copy of your current I-20, passport photo page, F-1 visa page, and port of entry page to admission@elinc.edu.



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Checklist

Make sure you have submitted the following items in order for us to successfully process your application.

- ☐ ELI Student Application
- ☐ Copy of passport photo page
- ☐ Copy of most recent transcript
- ☐ \$250 application fee

In addition to the items above, **Transfer-in students** will need to submit the following:

- ☐ Transfer-in form
- ☐ Copy of current I-20
- ☐ Copy of passport photo page
- ☐ Copy of Visa page
- ☐ Copy of port of entry page

In addition to the first 6 items on this checklist, **Change of status** students will need to submit the following:

- ☐ ELI's Change of Status form
- ☐ Copy of current I-20
- ☐ Copy of passport photo page
- ☐ Copy of Visa page
- ☐ Copy of port of entry page



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Student Application
Section 1: Personal Information

Please enter this information as it appears on your passport.

Student Name: _____
First Middle Family Name

Birthday: _____ Gender: ☐ M ☐ F Native Language: _____
Month Day Year

Country of Birth: _____ Country of Citizenship: _____

Home Country Address: _____
Street City

Province/Territory Country

Home phone: _____ Cell phone: _____

Email: _____

Emergency Contact: _____
First Name Middle Name Last Name

Home Phone Cell/Work Phone Email

Please choose ONE of the following:

☐ This is my first time studying in the U.S. I need an I-20 form so that I can obtain an F-1 visa. My passport number is _____ and expires on

_____/_____/_____.
Month Day Year

****There must be at least 6 months validity remaining on your passport.***

☐ I am transferring from another school. My SEVIS identification number is _____.
I will need a new I-20 from ELI.

Current School's name: _____

Current Foreign Student Advisor's name: _____

[Application Packet](#)



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Current Foreign Advisor's Email: _____

**You will also need to fill out ELI's transfer-in form. This form can be downloaded from ELI's website.*

☐ I currently have a different visa, _____ that expires on ____/____/____
Enter visa type Month Day Year

and need to change my status to F-1.

**M-1 students cannot change their status while in the U.S. If you have an M-1 visa, you must depart the U.S and apply for an F-1 visa.*

☐ I do not need a visa because (please explain): _____

Section 2: Desired Start Date

What is your desired start date?

Fall 2: October 15, 2018

Winter: January 14, 2019

Spring: March 25, 2019

Summer: May 27, 2019

Section 3: Financial Information

The English Learning Institute requires all students of the Academic English Program to pay for their tuition, room, and board in full, before the start of each semester. Please fill in the following information regarding your ability to pay for the tuition and additional costs associated with our Academic English Program. Please note that textbooks are not included in the tuition.

Please check one of the following:

☐ I will be supporting myself as a student at the English Learning Institute

*Please proceed to section A

☐ I will be receiving support from a financial sponsor

*Please proceed to section B



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A. Self-Supporting Students

Tuition, Room, and Board Information

Students need to show proof that they have enough funds to cover the total for 4 semesters of tuition, room, and board. Please keep in mind that we do not have on-campus work opportunities for our students to work, so make sure that any funds you mention that will be used to pay for your expenses will not include any expected work experiences here during your program start and end date.

Please submit a bank statement that shows a current balance that matches the amount stated in your acceptance letter. Plus the necessary funds for the dependents (if applicable), \$6,300 for spouse, and \$4,300 per child. The bank statement that is submitted must be on the bank letterhead and signed by an official.

I Print Name confirm that I have the necessary funds to cover all costs while I study in the USA. I have attached supporting documentation to support my claim. I agree to pay for all the semesters during my program start and end date. I certify that the information I have provided on this form is accurate. I understand that providing any false information or concealing important information regarding my finances will result in dismissal from the program or the denial of application to ELI.

Signature: _____ Date: _____

B. Students with Financial Assistance (this section should be filled out by the financial sponsor(s))

Tuition, Room, and Board Information

The Financial sponsor(s) need to show proof that they have enough funds to cover the total for total for 4 semesters of tuition, room, and board. Please answer the questions below.

Please describe your relationship to the student.

☐ Parent(s) ☐ Guardian (other than parents) ☐ Other: _____

Please provide your address: _____

Country of Citizenship: _____ Native Language: _____

Email address: _____



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Phone number: _____

Please submit a bank statement that shows a current balance of \$36,000 or more, plus the necessary funds for the dependents (if applicable), \$6,300 for spouse, and \$4,300 per child. The bank statement that is submitted must be on the bank letterhead and signed by an official.

I _____ confirm that I have the necessary funds to cover all costs
Print Name
while the student studies in the USA. I have attached supporting documentation to support my claim. I agree to pay for all the semesters during the students' program start and end date. I certify that the information I have provided on this form is accurate. I understand that providing any false information or concealing important information regarding my finances will result in dismissal from the program or the denial of application to ELI.

Signature: _____ Date: _____

Section 4: Agreement and Signature

By submitting this application, I affirm that the information provided is true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name Printed

Signature

Date



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Section 5: How did you hear about ELI?

Please choose all that apply. (If applicable, on the line following your selection, write the specific name of the website or person.)

- ☐ Search Engine: _____
- ☐ Study USA website
- ☐ Former student: _____
- ☐ ELI website or ELI social media pages
- ☐ Recruiter/Agent: _____
- ☐ ELI Flyer
- ☐ Other: _____



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Transfer-in Form

This form should be filled out by students wishing to transfer into the English Learning Institute. Students should fill out section 1 and then give this form to their current DSO to fill out section 2. The DSO will return this form to ELI.

Section 1

This section must be completed by the student.

Student Name: _____
First Middle Family Name

Birthday: _____ Gender: ☐ M ☐ F
Month Day Year

Country of Citizenship: _____ Email: _____

Current Address: _____

Home phone: _____ Cell phone: _____

I wish to transfer to the English Learning Institute.

I currently attend the following school: _____

School Address: _____

School Code: _____

I understand my current SEVIS record will be released to the English Learning Institute DSO/PDSO. I grant my permission for this information to be released.

Student Signature: _____ Date: ____/____/____
Month Day Year

Section 2

Eligibility: This section must be completed by the current DSO.

The student previously mentioned wishes to transfer to ELI. Please indicate below if the student is eligible to transfer:

1. Is the student in good academic standing? ☐ Yes ☐ No

If no, please explain: _____



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2. Is the student currently in F-1 status at your institution? ☐Yes ☐No
3. When did the student last attend classes at your school? ____/____/____
4. Is the student currently employed or participating in OPT/CPT? ☐Yes ☐No
If yes, please explain. When is the end date? _____

5. Has the student met all financial responsibilities? ☐Yes ☐No
6. Does the student currently have a terminated/completed/cancelled record? ☐Yes ☐No

Record Information

Student's SEVIS ID Number: _____

SEVIS transfer release date: ____/____/____

Current DSO Information

Name (First and Last): _____

School Name: _____

School Address: _____

DSO Phone Number: _____

DSO Email: _____ Fax Number: _____

Signature: _____ Today's Date: ____/____/____

Please return this form to the English Learning Institute by email:

To: admission@elinc.edu

Subject: Completed transfer-in form

For ELI Office Use Only

Is student eligible to transfer in? ☐Yes ☐No

ELI DSO Signature: _____ Date: ____/____/____



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Change of Status Form

This form should be filled out by students who wish to attend our school and do not currently hold an F-1 visa. Students should apply for a change of status as soon as possible, in advance of the I-94 expiration date, in case the change of status is denied. Students in a status other than F-2 or B can enroll prior to the change of status approval. M-1 students wishing to change to F-1 status must depart the U.S. and apply for an F-1 visa.

Section 1

Student Name: _____
First Middle Family Name

Date of Birth: ____/____/____
Month Day Year

Student ID Number: _____ SEVIS ID: _____

Phone Number: _____ Email: _____

U.S. Address: _____

Section 2

1. Which visa do you currently hold? _____
Enter visa type

2. If you are a dependent, is your sponsor currently in status? ☐Yes ☐No ☐N/A

3. When does your I-94 expire? ____/____/____
Month Day Year

****Your immigration status must be valid until at least 30 days before the I-20 start date.***

4. Are you currently in lawful, non-immigrant status? ☐Yes ☐No

5. Are you currently enrolled full time in another school? ☐Yes ☐No

6. Do you plan on travelling outside the U.S? ☐Yes ☐No

Application Packet



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Note:

If the information you submitted proves that you are eligible for a change of status, you may need to submit a request package with the following items to USCIS:

- | | |
|---|--|
| <input type="checkbox"/> I-539 application filing fee (\$370 check to U.S. Department of Homeland Security) | <input type="checkbox"/> Financial documents |
| <input type="checkbox"/> Copy of Acceptance letter | <input type="checkbox"/> I-539 form |
| <input type="checkbox"/> Copy of academic transcript if already a current student | <input type="checkbox"/> Letter of intent to study (not required, but recommended) |
| <input type="checkbox"/> Copy of form I-20 w/COS info | <input type="checkbox"/> Original I-94 |
| <input type="checkbox"/> Copy of passport information | <input type="checkbox"/> Proof of current immigration status (previous visa copy) |
| | <input type="checkbox"/> SEVIS I-901 receipt |

Students that are not eligible for a change of status may have to leave the U.S. and apply for an F-1 visa. In that case, students will need the following:

- | | |
|--|---|
| <input type="checkbox"/> Completed visa application (DS-160) | <input type="checkbox"/> SEVIS I-901 receipt |
| <input type="checkbox"/> Financial documents | <input type="checkbox"/> Students will also have to make an appointment at a U.S. consular post |
| <input type="checkbox"/> Initial attendance I-20 | <input type="checkbox"/> Valid passport |
| <input type="checkbox"/> Proof of academic status (admission letter) | <input type="checkbox"/> Visa application fees |

Please submit this form to the DSO at ELI. Once you have submitted this form, the DSO will contact you with more information.

For ELI Office use only

Is student eligible for a COS through USCIS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student need to leave the U.S. and apply for an F-1 visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ELI DSO Signature: _____ Date: ____/____/____



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Payment Authorization Form

This form should be used when paying for ELI fees such as tuition or other fees. Please indicate the fee(s) that you will be paying below by checking the box(es).

- ☐ Application fee (\$250)
- ☐ I-20 express fee (\$85 domestic)
- ☐ I-20 express fee (\$150 international)
- ☐ I-20 form fee (\$250)
- ☐ Medical insurance (\$650/term)
- ☐ Other: _____

Please print legibly when filing out the following information.

Student Name: _____

Total amount: \$ _____

Credit Card Type:

- ☐ American Express
- ☐ Visa
- ☐ MasterCard
- ☐ Discover

Credit Card Holder	
Card Number	
Expiration Date (Month/Day/Year)	
Security Code	

By signing below, I acknowledge that I am authorizing ELI to charge a total of
\$ _____ to my credit card for the fees indicated above. Further, I understand ELI
will need to charge 4% for the credit card processing fee.

Signature of Card holder

_____/____/____
Month Day Year



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Student Medical Form

This form will be used to record student health information and emergency contact information. Please answer the questions truthfully so that we can have accurate information about your health in case any emergency or health situation arises. Students under the age of 18 should have this form filled out by their guardian.

Section 1: To be completed by student

Student Information

Student Name	First:	Middle:	Last:
Birthdate	Month:	Day:	Year:
Phone			
Email			
Nationality			
Permanent Address			

Emergency Contact Information

Name	Phone	Relationship	Email

Health Information

1. Do you currently take any medications?	Yes No	If yes, explain:
2. Do you have any allergies?	Yes No	If yes, explain:
3. Do you regularly experience any pain or discomfort?	Yes No	If yes, please check all that apply. <input type="checkbox"/> Back <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Joints <input type="checkbox"/> Dizziness <input type="checkbox"/> Eye issues <input type="checkbox"/> Stomach pains <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headaches <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Hearing difficulty <input type="checkbox"/> Other: _____
4. Have you been diagnosed with any illness?	Yes No	If yes, please explain:



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5. Have you had a major head injury?	Yes No	If yes, please explain:
6. Have you had any major surgeries?	Yes No	If yes, please explain:
7. Do you have any issues that limit your physical activities?	Yes No	If yes, please explain:
8. Are there any emotional issues that you have dealt with in the past or are currently dealing with that may affect your learning?	Yes No	If yes, please explain:
9. Are you a smoker? 10. Do you consume drugs? 11. Do you wear one of the following?	Yes No Yes No <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	
13. Do you have any additional health issues not mentioned above?	Yes No	If yes, please explain:

Please read the following statement and provide your signature.

I certify that I have provided accurate information regarding my health. I understand that this information will be kept confidential. I am aware that this information will not be shared with anyone unless my written consent is given or unless otherwise permitted by law. During the case of an emergency, if I am unable to sign necessary forms regarding my health history, I give ELI my permission to allow consent from my guardian so that the physicians can have additional background information they may need.

Signature of Student: _____ Date: _____ / _____ / _____
Month Day Year

Signature of Guardian: _____ Date: _____ / _____ / _____
Only needed if student is under 18 Month Day Year

In addition to this page, please also submit your official immunization records, or have your physician complete the next page.



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Section 2: To be completed by student's physician or the physician's assistant

North Carolina requires that each student pursuing higher education in the U.S. has the following immunizations. Please complete this form regarding the student's immunization records.

	Dose #1 Month/Day/Year	Dose #2 Month/Day/Year	Dose #3 Month/Day/Year
Diphtheria, tetanus, and pertussis (3 doses)			
Polio (3 doses) ¹			
Measles (2 doses)			X
Mumps (2 doses)			
Rubella (1 dose)		X	X
Hepatitis B (Hep B) (3 doses) ²			

¹Students who are attending school in the U.S who has already reached their 18th birthday are not required to receive polio vaccine.

²Hepatitis B vaccine is not needed if the student was born before July 1, 1994.

Exemptions

NC law permits the following 2 reasons as valid excuses for students to be exempt from immunizations.

- ☐ Medical: A medical reason for exemption would include a health risk. The student's doctor must see the immunization(s) as a risk to the student's health.
- ☐ Religious: If the religious beliefs are contrary to the immunization requirements, the student shall be exempt from the requirements.

More information regarding these immunizations can be found on <http://www.immunize.nc.gov/>.

If the student does not wish to receive immunizations for a religious reason, he or she must write a statement explaining why. If the student is under 18 years of age, their parent or guardian should write this statement. If the student should not receive the immunizations due to a health risk, the physician should write a statement explaining in detail the medical situation and the risk that may arise.

Additional Comments: _____

Signature of Physician/Physician's Assistant: _____ Date: ____/____/____
Month Day Year

Printed Name of Physician/Physician's Assistant: _____

Office Information

Office Name	
Address	
Phone Number	



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Tuition and Fees

Type	Fee
Application fee	\$250
I-20 express mail	\$85 (domestic) or \$150 (international)
I-20 form fee	\$250
**Health insurance	\$650/term (each term is nine weeks)
Housing	Optional

*Housing options include the following:

ELI offers students its own housing option. ELI apartments have a private bedroom and private bathroom. They are fully furnished and the monthly fee includes electricity, water, and internet service. Monthly \$1100/month.

Students may also check out local apartment information through online Google search.

****Health Insurance**

All students at ELI are required to have health insurance coverage that meets our standards. We have a few insurance plan recommendations for the students. If you don't want to enroll in the recommended insurance plan or have already enrolled in another insurance plan, you can use them as long as the plan meets our standards. Please note: Health insurance is not an option—it is a requirement.

Minimum Health Insurance Plan Requirements (Based on UNC- Chapel Hill standards):

- The health insurance plan must have a minimum medical benefit of \$100,000 coverage for each specific illness or injury.
- The plan must have a deductible not to exceed \$500 per accident or illness.
- The plan must provide at least \$25,000 in benefits for repatriation of remains to the home country in case of death.
- The plan must pay up to \$50,000 for medical evacuation to the home country.



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Tuition	Study Schedule
\$3,900/term or \$15,600/academic year	9am-1pm Monday-Friday (20 hours per week)

Note:

- ☐ Each academic year contains 4 terms.
- ☐ The tuition fees do not include the cost for textbooks and supplemental materials. The estimated cost per term is \$200. Due to the online section of the textbooks, you will need to purchase a new set of textbooks for each level of placement before classes start.
- ☐ Schedule is subject to change.

Payments

All payments must be made in full by the due date on your admission letter. If payment is not made on time, the student will be removed from the term roster and the I-20 form will be cancelled. ELI accepts payments in the form of bank transfer, check, PayPal, and credit cards. Please note that payments made using a credit card will incur a 4% fee.

Refund Policy

- ☐ 100% refund for withdrawals within the first five (5) days of orientation.
- ☐ 50% refund for withdrawals within five (5) days of first class.
- ☐ No refunds after the first week of class.
- ☐ Application fee, express mail, SEVIS I-20 fee, and Medical Insurance fees are non-refundable



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Cancellation

Students may cancel their enrollment without penalty within five business days of orientation.
Refunds are processed within 30 days after receiving such written notice.