



UNIVERSITY OF
ST. FRANCIS

ELAP
Application for Admission



Revised 07/19

ELAP Application for Admission

PERSONAL INFORMATION

Suffix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Name: _____
SURNAME/FAMILY NAME GIVEN NAME

Date of Birth: ____ / ____ / ____ Gender: _____
MM DD YYYY

Religious Preference: _____

Mailing Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____ ☐ Check here if this is also your home country address.

Home Country Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone (_____) _____ Preferred Email: _____

VISA INFORMATION

Status: ☐ F-1 Applicant ☐ F-2 Applicant ☐ U.S. Citizen/Permanent U.S. Resident ☐ Different Status

Country of Birth: _____ Country of Citizenship: _____

Passport Name: _____ Passport Number: _____

Visa Type: _____ ☐ Check here if your family will be accompanying you on F-2 Visas and complete section below. If more than two children, attach their information (as outlined below) with your application.

DEPENDENT INFORMATION

Spouse: _____ Date of Birth: ____ / ____ / ____
SURNAME/FAMILY NAME GIVEN NAME MM DD YYYY

Country of Birth: _____ Country of Citizenship: _____

Child 1: _____ Date of Birth: ____ / ____ / ____
SURNAME/FAMILY NAME GIVEN NAME MM DD YYYY

Country of Birth: _____ Country of Citizenship: _____

Child 2: _____ Date of Birth: ____ / ____ / ____
SURNAME/FAMILY NAME GIVEN NAME MM DD YYYY

Country of Birth: _____ Country of Citizenship: _____

ADDITIONAL VISA INFORMATION

Are you currently attending another school? ☐ Yes ☐ No

If yes, which school? _____

If you currently have an F-1, F-2, J-1, or J-2 Visa, provide the name of the institution that issued your I-20 or DS2019 form:

ANTICIPATED ENROLLMENT INFORMATION

Desired Year of ELAP Enrollment: _____ Desired Starting Term ☐ August ☐ January ☐ May

Do you plan to apply for admission to an academic program after successful completion of the ELAP program? ☐ Yes ☐ No

If yes, what is your intended degree program or area of study? _____

☐ Graduate/Master's Program - Desired Starting Term: ☐ August ☐ October ☐ January ☐ March ☐ May ☐ June

☐ Undergraduate/Bachelor's Program - Desired Starting Term: ☐ August ☐ January

EDUCATION INFORMATION

Secondary School Attended: _____ Country: _____

City: _____ State/Province: _____

Graduation Date: ____ / ____ / ____
MM DD YYYY

Last College or University Attended: _____ Country: _____

City: _____ State/Province: _____

Other College or University Attended: _____ Country: _____

City: _____ State/Province: _____

READ CAREFULLY AND PROVIDE SIGNATURE

I certify that all information provided is true, correct and complete, and that all personal opinion responses are mine. To the best of my knowledge, ALL information provided herein is complete and accurate. I understand that false or misleading statements may result in my being denied admission or in dismissal from the university. Withholding information or giving false information in the sections above will invalidate this application and may result in dismissal.

Applicant's Signature: _____ Date: _____

It is the policy of the University of St. Francis not to discriminate on the basis of sex, age, race, religion, color, disability, or national/ethnic origin in its admission practices, educational programs, activities or employment policies as required by the Federal Civil Rights Laws.