



NOTRE DAME
OF MARYLAND
UNIVERSITY

ENGLISH LANGUAGE INSTITUTE

DAY Class Registration Form

SUBMIT THE FOLLOWING MATERIALS 1 WEEK BEFORE SESSION BEGINS

1. Application form
2. \$60 non-refundable application fee
3. High school or college transcript in English
4. Copy of visa, permanent residency card, or U.S. passport
5. Proof of health insurance

Please **X** all the sessions you plan to attend.

Fall I
 Fall II
 Winterim
 Spring I
 Spring II
 Summer

Family Name: _____ Given Name: _____

Male Female
 Date of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Visa Type: _____ Visa Expiration Date: _____/_____/_____
Month Day Year

Address: _____

Telephone: _____ Email Address: _____

Highest Level of Education Completed: _____

All students must have health insurance while they study at ELI. Do you have health insurance?

- Yes-Company _____ Policy # _____
 No-I plan to buy insurance from the College.

Classes: Please **X** all the classes you wish to study

- Writing & Grammar
 Reading & Discussion
 Listening & Speaking
 Vocabulary
 Pronunciation
 Advanced Skills through Language and Culture
 TOEFL (must pass placement)

Emergency Contact in United States

Name: _____ Relationship to Student: _____

Address: _____

Telephone: _____ Email Address: _____

Why I want to improve my English skills: _____

How I learned about the English Language Institute: _____