

**Center for English as a Second Language
APPLICATION FORM**

Date today _____ e-mail address: _____

1. Name Reitaku Hanako
(family name) (first name) (middle name)

2. Date of birth 06 / 04 / 1993
(month) (day) (year)

3. Country of birth Japan 4. Country of Citizenship Japan 5. Male ☐ Female ☒

6. Overseas Home Address (physical address/ **NOT** a PO BOX)
2-1-1 Hikarigaoka, Kashiwa, Chiba Japan ← 実家の住所
(street, avenue, apt #) city state/province/prefecture country

7. Mailing address International Exchange Center, Reitaku University
2-1-1 Hikarigaoka, Kashiwa, Chiba Japan 277-0065
(street, avenue, apt #) city state/province/prefecture country

Parent or Guardian's name Reitaku Taro

Address 2-1-1 Hikarigaoka Kashiwa, Chiba Japan phone number +81-(0)4-7173-0000

Please check the session or all the sessions for which you wish to enroll:

(The start date shown here will be the start of studies date on your Form I-20, it is the date you will be required to be present at the CESL for pre-registration).

Summer 2014

The deadline to complete application for the June term is April 28, 2014

☐ 24 June – 08 Aug 2014

Fall 2014

☒ 12 Aug – 10 Oct 2014

☒ 7 Oct – 12 Dec 2014

Spring 2015

☐ 6 Jan – 06 Mar 2015

☐ 10 Mar – 08 May 2015

Summer 2015

☐ 09 June – 07 Aug 2015

Fall 2015

☐ 11 Aug – 09 Oct 2015

☐ 6 Oct – 11 Dec 2015

Please indicate the number of months of study you plan to do:

☐ 2 Months / ☒ 4 months / ☐ 6 months / ☐ 8 months / ☐ 10 months / ☐ 12 months

VISA INFORMATION

Are you currently in the U.S.? ☐ YES / ☒ NO

Do you currently have a visa? ☐ YES / ☒ NO

Are you currently attending school in the U.S.? ☐ YES / ☒ NO

Do you want to request a certificate of eligibility (I-20) form for an F-1 Student Visa? ☒ YES / ☐ NO

Were you referred to our center by an agent of business? ☐ YES / ☒ NO

Have you taken the TOEFL test before? ☐ YES / ☐ NO. If YES, what was your highest score?
800 400 200

Will your spouse or children accompany you? ☐ Yes / ☒ No

Spouse: (complete name)

Please submit copy of passport with your application

Child: (complete name)

Child: (complete name)

Child: (complete name)

Child: (complete name)

Child: (complete name)

Child: (complete name)

Please submit copy of passport with your application

パスポートを提出

(Please read page 3 and complete the Financial Statement)

FINANCIAL STATEMENT

Southern Illinois University Carbondale is required by the United States Immigration and Naturalization Service to assure that all applicants are able to pay all CESL charges and living expenses while studying at the Center for English as a Second Language.

This is certify that I Reitaku Taro will be fully responsible for all the expenses of
Print of type Guarantor's name
Reitaku Hanako during his/her studies at CESL.

Taro Reitaku (対漢字)
Signature of Guarantor or Sponsor

Relationship of Guarantor to student:

Please check one: ☒ Parent / ☐ Guardian / ☐ Sponsor / ☐ Self

Complete Address of Guarantor

2-1-1 Hilarigaoka Kashima, Chiba Japan 277-0065 ← 実家住所

Complete telephone number:
Date

SUPPORTING DOCUMENTS REQUIRED:

This application must be accompanied by:

- ① The completed financial statement (see above)
- ② A bank statement. (A bank statement is a letter from a representative of the bank where you, your parents or sponsor maintain an account). (英文預金残高証明書 4ヶ月の合計 \$2000以上 1008月以上必要)
- X ③ A non-refundable application charge in the amount of US\$50.00. The charge may be paid by check, draft, money order made payable to SIUC, as well as by credit card. (Currency or cash will not be accepted).
- ④ A transcript of your academic records. (英文成績証明書)
- ⑤ Clear copy or picture page (s) in your passport and page showing passport expiration date (if available).
- X ⑥ If you plan to bring dependent family members, please prepare a complete list of their names (first, middle, last name) and dates of birth (month spelled in English) / day / year along with copies of their passports if available.

Mail to:
Director
1000 Faner Drive Room 3242
Center for English as a Second Language
Southern Illinois University Carbondale
Carbondale, IL 62901 - 4518

Telephone: 618-453-2265
Fax: 618-453-6527
e-mail: cesl@siu.edu
website: <http://www.cesl.siu.edu>