



Madison English as a Second Language School, LLC

3009 University Avenue, Madison, Wisconsin 53705 U.S.A.

Telephone (608) 233-9962

Fax (608) 233-9967

www.mesls.edu

apply@mesls.edu

APPLICATION FORM

1. Name: _____
(Family/surname) (First) (Middle)

2. Country of Citizenship: _____ 3. Country of Birth: _____

4. Date of Birth: _____
mm / dd / yy

5. Present Mailing Address:

Street and Number: _____

Town or City: _____

Province or State: _____

Zip Code: _____

Country: _____

Telephone number for the above address: _____

E-mail address: _____

6. Address in Your Country:

Street and Number: _____

Town or City: _____

Province or State: _____

Zip Code: _____

Country: _____

Telephone number for the above address: _____

7. Please indicate your present knowledge of English with a check mark (x)

	Very Good	Good	Fair	Poor
Speaking	_____	_____	_____	_____
Listening	_____	_____	_____	_____
Reading	_____	_____	_____	_____
Writing	_____	_____	_____	_____

8. If you have taken the Test of English as a Foreign language (TOEFL) or the Michigan Test of English Language Proficiency (MTELP), indicate your score: _____ Date: _____



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9. What are your plans after completing the English program?

_____ Attend university as a graduate student

_____ Attend university as an undergraduate student _____ Return Home

Other: _____

10. What is your major field of study? _____

11. Will you study full-time or part-time? (I-20 students must study full-time)

Full-time _____ Part-time _____

12. When do you wish to begin your studies? Year _____

_____ January _____ March _____ May

_____ June _____ September _____ October

13. If you are already in the U.S., Circle your visa status.

F1 F2 J1 J2 B1/B2 Other _____ Date your stay ends: _____

14. If you require an **I-20 form** for a non-immigrant student visa, please provide the following information.

1. Date of Birth: _____ / _____ / _____ mm dd yy	2. Sex: Male _____ Female _____
3. Amount (in U.S. dollars) you will have available per month _____	
4. Length of time these funds will be available to you _____	
5. Please attach official proof of documentation of funds. Documentation may take the form of a letter from your bank, a letter from your scholarship board, or a letter from any other funding agency.	
6. Dependent spouse and children of the student who are seeking entry to the U.S. (Last name, First name, Date of birth, Relationship to the student)	
YOUR I-20 FORM CANNOT BE ISSUED UNTIL WE RECEIVE FINANCIAL DOCUMENTATION AND \$100 ONE-TIME APPLICATION FEE	

15. Paragraph of intent. Write a short paragraph in English; indicate your purpose in studying English. Write on your own, without help. This paragraph is used to assess your English. If YOU DO NOT HAVE A TOEFL score, you must write a one-page essay on this topic.

16. How did you find out about MESLS? _____

I certify that I am 16 years old or older.

Signature of Applicant _____ Date of Application _____

Print Name

Complete and mail this application to:

MESLS (Madison English as a Second Language School LLC)
3009 University Avenue, Madison, Wisconsin 53705, USA
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http://www.mesls.edu E-mail: apply@mesls.edu

Checklist:

- Application Form A copy of passport
- Financial Document
- \$100.00 U.S. for Application Fee
- \$70.00 U.S. for Express Mail
- One-page Essay