



**HOW TO APPLY**

**APPLICANTS MUST BE AT LEAST 16 YEARS OF AGE** and fulfill all the requirements of the application procedure. When you have completed ALL the requirements of the application, we will send you an acceptance letter.

**To submit forms and documents or ask questions, please contact:**

**Edgar Moros, Director**  
 Tel. (508) 929-8120, edgar.moros@worchester.edu  
 –or–

**Leah Guzmán, Program Coordinator**  
 Tel. (508) 929-8736, leah.guzman@worchester.edu

Worcester State University, IELI  
 Administration Building, 4th Floor  
 486 Chandler Street  
 Worcester, MA 01602-2597 USA

**YOU MUST PROVIDE THE FOLLOWING:**

1.  **Application Form**
2.  **\$150 USD non-refundable application fee & deposit**
3.  **Affidavit of Financial Support**
4.  **Supporting Bank Letter with current balance**
5.  **Copy of Passport Data Page**
6.  **Copy & translation of highest degree**  
 **Transfer students–copy of I-20**

**1. STUDENT'S INFORMATION (as it appears on your Passport)**

FAMILY/LAST NAME		FIRST NAME	MIDDLE NAME	WHAT NAME WOULD YOU LIKE TO USE?	
ADDRESS					UNIT/APT NUMBER
CITY		STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
EMAIL ADDRESS			PRIMARY TELEPHONE NUMBER	CELL TELEPHONE NUMBER	
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH (month/day/year)	CITY OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	

**2. CONTACT INFORMATION**

FAMILY/LAST NAME		FIRST NAME & MIDDLE NAME		RELATIONSHIP TO APPLICANT	
ADDRESS			CITY	STATE/PROVINCE	ZIP CODE/POSTAL CODE
EMAIL ADDRESS			PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	
EMERGENCY CONTACT NAME			EMERGENCY CONTACT TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT	

**3. WAIVER OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize Worcester State University to communicate with the following individual, identified above, regarding the status of my application and any other related information.

*APPLICANT NAME*

RELATIONSHIP TO APPLICANT	APPLICANT SIGNATURE	DATE
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**4. DEPENDENT INFORMATION**

**Will you be accompanied by dependents?**

**Yes**  **No**

**If yes, please complete F-2 form available at: <https://tinyurl.com/48m58r98>**

**5. ACADEMIC INTENTION**

<p><b>How many semesters do you intend to study with IELI? This is an estimate, you will not be bound to this if your plans change.</b></p> <p><input type="checkbox"/> One (1)  <input type="checkbox"/> Two (2)  <input type="checkbox"/> Three (3)  <input type="checkbox"/> Not sure</p>	<p><b>Which semester would you like to begin?</b></p> <p><input type="checkbox"/> Fall   <input type="checkbox"/> Spring   <input type="checkbox"/> Summer</p> <p><b>Please indicate which year:</b></p> <p><input type="checkbox"/> 2023   <input type="checkbox"/> 2024   <input type="checkbox"/> 2025   <input type="checkbox"/> 2026   <input type="checkbox"/> 2027</p>	<p><b>Have you taken any of the following tests:</b></p> <p><input type="checkbox"/> TOEFL      Score: _____ Year: _____  <input type="checkbox"/> IELTS        Score: _____ Year: _____  <input type="checkbox"/> Pearson-PTE Score: _____ Year: _____  <input type="checkbox"/> DuOLingo    Score: _____ Year: _____  <input type="checkbox"/> ITEP         Score: _____ Year: _____  <input type="checkbox"/> DAAD         Score: _____ Year: _____</p>
<p><b>After completing the IELI Program, do you intend to apply to Worcester State University?</b></p> <p><input type="checkbox"/> Yes - Undergraduate Student  <input type="checkbox"/> Yes - Graduate Student  <input type="checkbox"/> Not sure  <input type="checkbox"/> No</p>	<p><b>How did you hear about the IELI program?</b></p> <p><input type="checkbox"/> Internet/Search  <input type="checkbox"/> Family member  <input type="checkbox"/> A Friend  <input type="checkbox"/> I know someone who attended IELI  <input type="checkbox"/> An agency helped me</p> <p><input type="checkbox"/> Other</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">PLEASE EXPLAIN</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">Agency Name</div>	

**6. APPLICATION FEE & TUITION DEPOSIT - \$150 USD**

Worcester State University requires a non-refundable application fee and tuition deposit of \$150 USD. *Upon your acceptance and arrival to IELI, \$100 USD of your fee will be applied to your tuition payment.* Payments can be made by check, money order, traveler's check or credit card.

PAYMENT METHOD

Check # \_\_\_\_\_    Money Order# \_\_\_\_\_    Credit Card (fill out below)    Other: \_\_\_\_\_

<b>CREDIT CARD INFORMATION</b>			
TYPE OF CREDIT CARD <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express		CARDHOLDER'S EMAIL ADDRESS	
CREDIT CARD NUMBER		EXPIRATION (MM/YY)	SECURITY CODE AMOUNT TO CHARGE <b>\$150.00</b>
CARDHOLDER's Name (EXACTLY AS IT APPEARS ON CARD)		CARDHOLDER'S SIGNATURE and Date	
CREDIT CARD BILLING ADDRESS			UNIT/APT Number
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

\* Make check or money order payable to: Worcester State University

**7. DOCUMENTS YOU NEED**

Before coming to the U.S. you must **scan and email** your completed Worcester State University Health and Immunization form to [edgar.moros@worcester.edu](mailto:edgar.moros@worcester.edu) or [leah.guzman@worcester.edu](mailto:leah.guzman@worcester.edu).

Proof of Health Insurance **must** be provided to the IELI office before first day of classes.

**8. SIGNATURE**

I certify that the information on this form is correct, that I am applying for this program and that I, or my sponsor, is responsible for meeting all costs associated with the program. Furthermore, I understand that there is no refund for late arrival, early withdrawal, or dismissal from the program.

SPONSOR'S NAME	RELATIONSHIP TO APPLICANT	SPONSOR'S SIGNATURE & DATE
STUDENT'S NAME		STUDENT'S SIGNATURE & DATE