



APPLICATION FORM
University of Central Florida
Center for Multilingual Multicultural Studies

(Office Use Only) Remarks

PART I. Please *print* information below as clearly as possible. *Write your name as it appears in your passport.*

Name _____
(Family Name/Surname) (First Name/ Given Name) (Middle Name)

Date of Birth _____ Sex: Male Female
(Month/Day/Year)

Country of Birth _____ Country of Citizenship _____

Current Mailing Address (*I-20 will be sent to this address*)

(Number and Street)

(City) (Postal Code) (Country)

Telephone _____ E-mail Address _____

Permanent Address in Home Country (*Required*)

(Number and Street)

(City) (Postal Code) (Country)

Telephone _____ E-mail Address _____

Please check the session for which you are applying:* Please refer to the schedule online for more exact dates.

- Fall Session 1** (Sept.-Oct.) **Spring Session 1** (Jan.-Feb.) **Summer Session 1** (April-June)
 Fall Session 2 (Oct.-Dec.) **Spring Session 2** (Feb.-April) **Summer Session 2** (June-July)

* Applications received after the deadline will be accepted based on space availability. See enclosure for program dates.

Please answer the following questions:

1. Are you a permanent resident of the United States? Yes No
 2. Are you now in the United States on an F-1 student visa? Yes No

If yes, what institution issued your I-20? _____

A transfer certificate must be completed by the school you are currently attending in order to complete the application process.

3. If you are not on an F-1 visa, what type of visa do you currently hold?
 J-1 _____ B1/B2 _____ L-1 _____ F-2 _____ Other _____

PART II. All applicants who require an I-20 for a student visa should complete this section.

Financial certification is required if you wish to obtain an F-1 student visa. A minimum sum of \$7650 per semester must be available for each semester you intend to study in the program. Please check the category that applies to your situation.

- Personal Funds.** Attach a certified letter from your bank verifying the amount in U.S. dollars.
 Parents and/or Sponsor. Attach a certified letter from the bank of your parents and/or sponsor verifying the amount in U.S. dollars and a notarized affidavit of support signed by your parents and/or sponsor. Sample Affidavit of Support shown in page 3.

- Government Sponsorship.** Attach a letter of guarantee from your government verifying the amount of scholarship in U.S. dollars.

PART III. Spouse/ Dependents

Evidence of additional financial support must be provided if you plan to bring your spouse and/or children with you (\$2307 for each family member). Please provide the following information for each dependent who will come to the U.S. with you.

Last Name, First Name	Date of Birth (Month/Day/Year)	Country of Birth	Relationship to the Student

This application must be accompanied by:

1. A **non-refundable and non-transferable** application fee of \$120 in the form of a check, credit card (Visa/Master Card), or money order payable to the University of Central Florida.
2. An original bank letter showing financial support.
3. An affidavit of support signed by your parents and/or sponsors.
4. A transfer certificate, if you hold an F-1 student visa from another school in the U.S.

I certify that all information provided on this form is complete and correct. I understand that admission to the Intensive English Program does not constitute admission to other programs at the University of Central Florida.

Applicant's Signature _____ **Date:** _____

Admission cannot be given until all documents and fees are received. Letter of acceptance and I-20 will be sent by regular mail. If you wish to receive them by express mail for an additional fee, please notify our office. If you have questions about the application process, you may reach the Center by telephone at (407) 823-5515, by fax at (407) 823-5465, or email at cmms@mail.ucf.edu

Please mail your application, financial support documents, and application fee to:

**University of Central Florida
Center for Multilingual Multicultural Studies
4000 Central Florida Blvd., Bldg 81
Orlando, FL 32816-3177**

Student # _____	Account # _____
Mode of Payment _____	Receipt # _____
CMMS Official's Signature _____	
Date _____	Sponsored by _____

Logged by _____
Application Received by:
<input type="checkbox"/> Mail <input type="checkbox"/> Walk In
Date _____
Send I-20 by:
<input type="checkbox"/> Regular Mail <input type="checkbox"/> Pick Up <input type="checkbox"/> Express Mail

AFFIDAVIT OF SUPPORT

I, the undersigned, swear that I will assume full responsibility for the below named person, for all financial expenses, including living expenses, transportation, tuition, fees and other miscellaneous expenses.

Student's Name: _____
Last Name, First Name

Date of Birth: _____
Month/Day/Year

Sponsor's Name: _____
Last Name , First Name

Relationship: _____

This affidavit is made for the purpose of assuring the Immigration and Naturalization Service and the school that the student will not become a public charge during his/her study in the U.S.

Signature of Sponsor

Date

NOTE: This document must be notarized.