FORT HAYS STATE UNIVERSITY
APPLICATION FOR ENGLISH AS A SECOND LANGUAGE

This completed application must be returned with a $35 (U.S. dollars) application fee.

PERSONAL INFORMATION: ***(Please TYPE or PRINT all items)***

1. Name: *(as it appears on your passport)*

_____
Last/family/surname *First/given name* *Middle*

2. Gender: ☐ Female ☐ Male **3. Date of Birth:** _____
month/day/year

4. Birth Country: _____ **5. Birth City:** _____

6. Citizenship Country: _____ **7. Residency Country:** _____

8. Home Country Address: _____
Street Address

_____
City *State/Province* *Country* *Postal Code*

9. I-20 Mailing address: _____
Street Address

_____
City *State/Province* *Country* *Postal Code*

10. E-mail: _____ **11.** _____
Home phone number w/country code or area code

12. Session Start Date: _____ ☐ January ☐ Summer (June-July) ☐ August ☐ October ☐ March

13. Current Status:

Are you a U.S. citizen? ☐ Yes ☐ No
Are you a permanent resident alien? ☐ Yes ☐ No
If yes, you must provide FHSU Registrar with a copy of your Green Card.
Are you in the process of becoming a resident alien? ☐ Yes ☐ No
If yes, you must provide FHSU Registrar with a copy of the I-485 document.
Do you have a current visa? ☐ Yes ☐ No
If yes, list what type of visa _____
Provide SEVIS ID Number _____ if applicable

14. Previous English:

Have you had any English preparatory courses in your high school? ☐ Yes ☐ No
If yes, when? _____
What type of high school? ☐ Public ☐ Private
How long was the course? _____
Are you currently taking ESL? ☐ Yes ☐ No
If yes, name and location of program _____
Have you ever taken a standardized English exam (For example TOEFL, IELTS, MELAB)?
If yes, which exam _____ Score received: _____ Date tested: _____
Rank your confidence in your English skills on a scale of 1-5 with 1 being low confidence or ability and 5 being high:

Reading	1	2	3	4	5
Writing	1	2	3	4	5
Speaking	1	2	3	4	5
Listening	1	2	3	4	5

15. Application fee: Send $35 (U.S. dollars) non-refundable application fee. Send a check or money order payable to Fort Hays State University, Registrar's Office, 600 Park Street, Hays, KS 67601-4099, or Visa, MasterCard, Discover or American Express number and expiration date. DO NOT SEND CASH.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card number _____ Exp. _____/_____

16. Required signature: I certify the information provided in this application is true and accurate without evasion or misrepresentation. I understand that this application is a legally binding document and if this information is found to be false or misleading, this fact alone will be sufficient cause for my admission to be revoked and my enrollment to be cancelled. The student understands and agrees that the laws of the State of Kansas apply to any dispute between student and Fort Hays State University arising out of any and all aspects of the student's education through FHSU, and that Kansas courts shall have exclusive jurisdiction over any lawsuit brought by either FHSU or the student arising out of any aspect of the student's education at Fort Hays State University.

_____ _____

Signature Date

Submit completed application and fee to:

Registrar's Office
Fort Hays State University
600 Park Street
Hays, KS 67601-4099

Notice of Nondiscrimination
Fort Hays State University does not discriminate on the basis of sex, race, religion, national origin, age, disability, Vietnam era veteran status or special disabled veteran status in its programs and activities. The director of affirmative action, coordinator of Title IX, Title VI, Section 504 and ADA regulations, may be contacted at (785) 628-4033.