

Other

## English Language Institute Application 2025 Legal Permanent

## Legal Permanent Resident/US Citizen

English Language Institute Savannah State University 3219 College Street , Box 20187 Savannah, GA 31404 Phone: (912) 358–4147

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when do you wa	int to begin your stud	ies? Please check the	session.				
August 202	August 2025 to October 2025						
October 202	October 2025 to December 2025						
January 202	January 2026 to March 2026						
March 2026	March 2026 to May 2026						
May 2026 to July 2026							
I. Personal Infor	mation						
Name (as it appear	rs on your passport):						
	(Fo	amily name)	(First)		(Middle)		
	onth) (Day) (Year)	Gender:	Female M	ale			
Country of Birth:	Country of Birth: Country of Citizenship:						
Email address:							
Address: Street and Number:			Apartment Number:				
Address: Street a	and Number:			Apartment N	umber:		
		State/Province:					
City:				Postal Code:			
City:		State/Province:		Postal Code:			
City:	gency:	State/Province: Phone number:		Postal Code: Person t			
City: Country: case of an emerg	gency:	State/Province: Phone number: Ph		Postal Code: Person t	to contact in		
City: Country: case of an emerg Name: Relationship (che	gency: eck one): Paren	State/Province: Phone number: Ph	one Number:	Postal Code: Person t	to contact in		
City: Country: case of an emerg Name: Relationship (che	gency: eck one): Paren Education	State/Province: Phone number: Phone number: Phone Spouse	one Number:	Postal Code: Person t	to contact in		
City: Country: case of an emerg Name: Relationship (che	gency: eck one): Paren Education	State/Province: Phone number: Phone for Spouse onal Background and	one Number: Uncle/Aunt <b>Plans:</b> Fill in the bo	Postal Code: Person t  Friend Age  xes that apply to you.	to contact in		
City: Country: case of an emerg Name: Relationship (che	gency: eck one): Paren Education	State/Province: Phone number: Phone for Spouse onal Background and	one Number: Uncle/Aunt <b>Plans:</b> Fill in the bo	Postal Code: Person t  Friend Age  xes that apply to you.	to contact in		
City: Country: case of an emerg Name: Relationship (cheOther High School	gency: eck one): Paren Education	State/Province: Phone number: Phone for Spouse onal Background and	one Number: Uncle/Aunt <b>Plans:</b> Fill in the bo	Postal Code: Person t  Friend Age  xes that apply to you.	to contact in		

English test scores: 1	IUEFL:	IEL13:	Uti	ier:	
Do you plan to attend	d Savannah State Unive	rsity after the ELI?	Yes	lo	

lf	yes, check one: Undergraduate Graduate Field of Study:					
sig	ning this application I verify that all the information is correct and true to the best of my knowledge. Without my					
sig	gnature, this application is incomplete and will not be considered for admission to the English Language Institute.					
Ар	pplicant's Signature: Date:					
То	complete this application, you must submit the following items:					
1.	Completed and signed application,					
2.	Copy of high school transcript/diploma (in English) or university transcript,					
3.	copy of passport ID page					
4.	Copy of green card (if legal permanent resident)					
5.	\$100 non-refundable application fee. Please submit a check (drawn on a US bank) or money order bayable to Savannah State University or pay online at <a href="https://secure.touchnet.com/C21355">https://secure.touchnet.com/C21355</a> ustores/web/store main.jsp?STOREID=9.					

Send your documents to the following address:

Mail: English Language Institute

Savannah State University

Box 40032

Express Mail: English Language Institute

(DHL, FedEx, Savannah State University

3219 College Street, Box 40032

Savannah, GA 31404 Savannah, GA 31404

Telephone: 912-358-4147 Email: keevyj@savannahstate.edu

http://www.savannahstate.edu