

Intensive English Program (IEP)

Information & Application

ABOUT THE PROGRAM:

- 16-week sessions (January and August starts);
AND 8-week sessions (June start ONLY)
- 20 hours of instruction per week, including: writing, reading, grammar, listening and speaking
- TOEFL preparation, pronunciation and vocabulary

TUITION / COSTS:

Tuition:	16 weeks: \$4,160 / 8 weeks: \$2,080
Room and Board (Optional):	16 weeks: \$4,250 / 8 weeks: \$2,125 avg.
Health Insurance (Required):	Aug-Dec: \$290 / Jan-July: \$406
Books and Fees:	Charges vary and are students responsibility
Scholarships:	Not available

ADMISSION:

Non-immigrant students who are accepted into Fontbonne's Intensive English Program and/or academic studies will be issued a Student and Exchange Visitor Information System (SEVIS) Form I-20 from the university for the length of their study.

HOW TO APPLY:

Send the following information with your application:

- A completed, signed application
- A non-refundable \$30 application fee (checks made payable to Fontbonne University)
- Certified, official transcripts from the equivalent of an American High School
- A certificate of financial support from your sponsor or a family bank statement. (Certification must verify finances for at least one year of study)
- Copy of your passport

For students transferring from another institution within the U.S.

- All requested applications items in the left column, PLUS:
- Copies of ALL 1-20's
- Copy of Visa, passport and I-94 card

Contact Information:

International Center, Fontbonne University
+1 (314) 889-4509 or internationalaffairs@fontbonne.edu
Or visit us at www.fontbonne.edu/international

APPLICATION:

LAST NAME (SURNAME/FAMILY AS IT APPEARS ON PASSPORT) _____ FIRST NAME _____
 MALE: FEMALE: SINGLE: MARRIED:

COUNTRY OF BIRTH _____
 COUNTRY OF CITIZENSHIP _____
 DATE OF BIRTH (m/d/y) _____

PERMANENT FOREIGN ADDRESS (HOME COUNTRY, REQUIRED):
 ADDRESS _____
 CITY _____
 PROVINCE/STATE _____
 POSTAL CODE _____
 COUNTRY _____
 TELEPHONE # _____

ADDRESS IN THE UNITED STATES (IF APPLICABLE):
 ADDRESS _____
 CITY _____
 STATE _____
 POSTAL CODE _____
 TELEPHONE # _____

INDICATE SEMESTER YOU WISH TO START:
 SPRING, 20____ SUMMER, 20____ FALL, 20____

RELEASE INFORMATION:

I hereby give permission to Fontbonne University to release information concerning my status as a student to the following:
 Father (Name): _____
 Mother (Name): _____
 Guardian/Sponsor: _____

VISA STATUS:

F-1 B - 1/2 J-1 PERMANENT RESIDENT

OTHER: _____

DO YOU NEED FORM I-20 FROM FONTBONNE FOR AN F-1 VISA FROM THE AMERICAN CONSULATE?

YES NO

ARE YOU CURRENTLY ENROLLED IN AN AMERICAN UNIVERSITY OR ESL PROGRAM?

YES NO

IF YES, WHERE/WHEN: _____

WILL YOU BE ACCOMPANIED TO THE U.S. BY ANY DEPENDENTS?

YES NO

IF YES, INCLUDE COPIES OF THE DEPENDENT(S) PASSPORT.

DO YOU PLAN TO LIVE ON CAMPUS?

YES NO

EMAIL

READ / REVIEW CAREFULLY AND SIGN:

Signature: _____ Date (m/d/y): _____

Send completed application to: International Center, Fontbonne University, 6800 Wydown Blvd., St. Louis, MO, 63105, USA