

International Reformed University & Seminary (IRUS) Application for English Language (ESL) Program



Submit your complete application by email, mail, or fax using the information below.

Email
esl@irus.edu

Regular Mail
ESL Program
International Reformed University & Seminary
125 S. Vermont Ave.
Los Angeles, CA 90004
USA

Fax
1-213-381-0010

1. PERSONAL INFORMATION

Please type or print your name exactly as it appears on your passport, and include a copy of your passport page with name and photograph. Applicants must be 18 years of age or older by the program start date.

Last Name (Family Name) _____

First Name (Given Name) _____

Gender Male Female Date of Birth _____ / _____ / _____
MONTH Day Year

Country of Birth _____

Country of Citizenship _____

Where did you hear about us? website publication other _____

STUDENT'S PERMANENT ADDRESS IN HOME COUNTRY

Street Address (must not be a P.O. Box) _____

City _____ Country _____

Postal Code _____ Permanent Telephone _____

Email (required) _____

CHECK this box if your permanent address is the same as your mailing address.

MAILING ADDRESS FOR I-20 AND ACCEPTANCE MATERIALS

Name _____

Street Address (Must not be a P.O. Box) _____

City _____ Country _____

Postal Code _____ Permanent Telephone _____

Email (required) _____

CHECK this box if your permanent address is the same as your mailing address.

MAILING ADDRESS FOR I-20 AND ACCEPTANCE MATERIALS

Name _____

Street Address (Must not be a P.O. Box) _____

City _____ Country _____

Postal Code _____ Permanent Telephone _____

Email (required) _____

2 REPRESENTATIVE INFORMATION

Please complete this section if the applicant is referred by a representative.

Educational Agency _____

Other (e.g., parent, spouse, friend, etc.) _____

Contact Name _____

Contact Email _____

IMPORTANT

Sign below to authorize IRUS to release your financial and academic records, I-20, and any documents pertaining to your immigration status to the agent/representative listed above.

Student Signature _____

3. VISA INFORMATION

All full-time programs require an F-1 student visa. An I-20 is required to obtain an F-1 student visa.

Do you need an I-20?

Yes, I need an I-20 for (check one) an F-1 visa change of visa status school transfer (Please complete the section below.)

No, I do not need an I-20. I am (check one) U.S. Citizen/Permanent Resident Other non-immigration status (please specify): _____

Complete this section only if you are transferring from another U.S. school.

Will you be leaving the U.S.A. before starting our program?

Yes, I will leave on _____ / _____ / _____. No
MONTH Day Year

Name of your current school _____

Your SEVIS ID number _____

Current School Address _____

City _____ State _____ Postal Code _____

Name of Current International Student Advisor (P/D SO) _____

International Student Advisor's Telephone Number _____

International Student Advisor's Fax Number _____

International Student Advisor's Email Address _____

Please include copies of your:

Current I-20

F-1 visa page

Passport information page

CBP admission stamp in your passport OR I-94 number retrieval record (<https://i94.cbp.dhs.gov>) OR front and back of your paper I-94, if you have one.

4. FINANCIAL INFORMATION (I-20 APPLICANTS ONLY) 5. PAYMENT INFORMATION

Include a bank statement on official bank letterhead to certify that you have sufficient funds to cover tuition and living expenses during your program. All funds must be stated in U.S. dollars, and the statement must be dated within the last six months.

Funds required per year: \$13,000

4-1. DEPENDENT INFORMATION

Do you intend to bring your spouse and/or children with you?

- No
- Yes, I will bring my (check all that apply) spouse children (Please include their passport copies and add an additional \$2,000 per dependent on the bank statement.)

4-2. STATEMENT OF FINANCIAL SUPPORT

If you are not the bank account holder for the bank statement provided, the bank account holder must complete and sign below.

I have read the information regarding the cost of tuition & living expenses for the period of study in the program. I certify that these funds are available, and I accept full responsibility for these expenses.

Name of Person/Organization
Financially Responsible _____

Relationship to Student _____

Signature _____

Include the following required non-refundable fee to apply.

- \$200 Application Fee

Payment Method:

- Money order or bank check in U.S. dollars issued by a U.S. bank made payable to IRUS

6. EXPECTED ENROLLMENT DATE

- Jan. Feb. Mar. Apr. May Jun.
- Jul. Aug. Sep. Oct. Nov. Dec. YEAR: _____

7. STUDENT SIGNATURE (required)

STUDENT SIGNATURE	
I certify that the information on this entire form is correct to the best of my knowledge. I acknowledge that IRUS is a non-smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action.	
Student's Signature _____	Date _____

NEED HELP?

esl@irus.edu
Tel: 213.381.0081 (M – F, 09:00 - 17:00 PST)
Fax: 213.381.0010
www.irus.edu



Complete the above form:

- Application for ESL Program



Attach the following (financial documents must be original, not a fax or photocopy):

- Applicant's original bank statement or bank letter or
- Sponsor's original bank statement or bank letter (if applicable)
- A copy of your passport photo page
(Refer to #3 on Application if you are a transfer student.)



Forms of Payment (Application Fee \$200):

- Check or
- Money order (in USD)



Mail (or email /fax) the completed application forms to:

ESL Program
 International Reformed University & Seminary
 125 S. Vermont Ave.
 Los Angeles, CA 90004 USA

Quick Guide