



**STAND-ALONE  
ENGLISH AS A SECOND LANGUAGE  
VOCATIONAL SKILLS ASSESSMENT CERTIFICATION  
ADMITTANCE DOCUMENTATION  
FOR STUDENTS SEEKING F-1 VISA**

The purpose of the English as a Second Language Program is to develop English skills that are necessary to enable the applicant to use already existing knowledge, training, or skills, and upon completion, pursue utilization of the skill(s).

Applicant Name \_\_\_\_\_  
First Name Middle Name Last Name

Current Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ Home Phone # \_\_\_\_\_  
City State Zip

Email Address \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_  
Other than above phone numbers

Country of Origin \_\_\_\_\_  
 Number of years of formal education \_\_\_\_\_  
 Do you have the equivalent of a B.A. Degree (in the U.S.)?  Yes  No

What do you consider your primary knowledge, training, or skills, or what is or has been your occupation?  
 \_\_\_\_\_  
 \_\_\_\_\_

D.O.T. Code (Directory of Occupational Titles) \_\_\_\_\_  
 Describe your prior training, education, skills, or work experience (be specific) \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT CERTIFICATION**

I am requesting admittance to the Stand-Alone English as a Second Language Program and hereby certify that I need to acquire English skills in order to use or better use my existing skills, knowledge, or training that I have identified above.

\_\_\_\_\_ **Applicant Signature** \_\_\_\_\_ **Print** (Last Name, First Name, M.I.) \_\_\_\_\_ **Date**

**INSTITUTION'S DETERMINATION OF ESL NEED**

*Checkmarks denote evaluation of each of the following:*

- \_\_\_\_\_ Applicant's designation and description of existing knowledge, training, or skills
- \_\_\_\_\_ Applicant's Certification of need for ESL training to use existing knowledge, training, or skills
- \_\_\_\_\_ Interview of Applicant concerning need for ESL instruction

Upon review and evaluation of the foregoing items and any other information and documentation provided by the Applicant, I have determined that (*Applicant's Name*) \_\_\_\_\_ needs ESL training in order to use existing knowledge, training, or skills.

**Admissions Associate** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DOCUMENTATION OF BASIC ADMISSION REQUIREMENT(S)**

The items listed below must be completed by the applicant **without assistance**:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
          First Name                      Middle Name                      Last Name

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WRITE THE ENGLISH ALPHABET (*Without Assistance*):**


**LIST AT LEAST FIVE COMMONLY USED ENGLISH WORDS (*Without Assistance*):**

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

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**APPLICANT CERTIFICATION II**

I certify that all information contained herein is true and correct. I further understand that if it is determined that any information is false or incorrect, I will be immediately dismissed. False information may include, but not be limited to documentation of skills or educational experience and background.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**ADMISSION TO STAND-ALONE ENGLISH AS A SECOND LANGUAGE PROGRAM**

This program has additional admission requirements in that students must already possess existing skills, knowledge, or expertise.

Please complete the attached forms as an additional part of the pre-application.

**This requirement applies to those students seeking admission to the ESL Program only.**