



English as a Second Language Program

To save time and prevent delays in processing your application, please read this checklist before you mail your application:

- Are your name, address and email address printed clearly and carefully?
- Did you indicate the term you plan to begin studying? (Spring 2010, etc.)
- Did you indicate your planned length of study? (One semester, one year, etc.)
- Did you include a photocopy of the information page in your passport?
- Did you include a copy of your secondary school (high school) completion?
- Is the application signed and dated?
- Does the financial statement list a specific dollar amount? This should be listed by the student and any sponsor(s).
- Is contact information for the bank (address, phone number) clearly visible on bank documents?
- If you will be living with a local relative or friend, and you wish to reduce the amount of financial support required, has the local contact submitted the required notarized letter?
 - The letter must state your name and state that you will be provided room and board free of charge while in the US.
 - The letter must be signed and notarized in order to be accepted.

Note: This letter is not necessary if students do not wish to reduce the dollar amount on the financial support form.

- If you are transferring from another school, has the appropriate official at that school completed a change of school report and sent it to Xavier University?

Thank you for taking the time to double-check your application!

Mail the application to:

Xavier University, Center for ESL, 3800 Victory Parkway, Cincinnati, OHIO, 45207-2511 USA

Application fee: The fee is \$35 USD. You may pay by check, money order, or by credit card.

→ If you pay by check or money order, make the document payable to Xavier University, and include it with your application. *If you ask a local friend or relative to pay your application fee, make sure that this person writes your name on the check.*

→If you pay by credit card, please complete the information below and return this form with your application:

Credit card payment

Please Select One : Visa MasterCard Discover

Applicant's name (name of student) _____

The Name on Credit Card: _____

Account Number: _____

Expiration Date: _____

Mail with the application to the above address, or FAX to 513 745 3844