



CONCORDIA  
UNIVERSITY  
NEBRASKA

Intensive  
English Program  
Application

(Please type in English! List your name as it appears on your passport.)

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

\_\_\_\_\_  
Permanent Home Address Gender: \_\_\_\_\_

\_\_\_\_\_  
City State / Country Zip Code/Postal Code

\_\_\_\_\_  
Cell Phone Email Birth Date MM/DD/YY

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Starting Session: \_\_\_\_\_ Fall I \_\_\_\_\_ Fall II \_\_\_\_\_ Spring I \_\_\_\_\_ Spring II

If you have taken TOEFL test - list score: \_\_\_\_\_ If you have taken an IELTS test - list score: \_\_\_\_\_

If you have taken another type of English test - what test? \_\_\_\_\_ Score: \_\_\_\_\_

What level would you rate your English abilities in each area: Rate as Low / Average / Good / Very Good

Reading: \_\_\_\_\_ Writing: \_\_\_\_\_

Speaking: \_\_\_\_\_ Listening: \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Reason for applying to this program: \_\_\_\_\_

Please indicate: \_\_\_\_\_ I am currently attending (name of school) \_\_\_\_\_

\_\_\_\_\_ I will be attending (name of school) \_\_\_\_\_

\_\_\_\_\_ I plan to attend Concordia University after completion of the IEP program.

\_\_\_\_\_ I plan to just attend IEP classes.

For all applicants: please read each statement below and add **yes** to indicate your agreement -

\_\_\_\_\_ I will assume the financial, personal, and campus responsibilities of participating in this program.

\_\_\_\_\_ I will be responsible for payment of my travel, insurance, meals, housing, program tuition and fees.

For students coming to the US as an F-1 student: please add **yes** to indicate your agreement -

\_\_\_\_\_ I will provide a financial statement to show I can afford the tuition and living costs for this program.

\_\_\_\_\_ I will make F-1 student visa and travel arrangements once accepted, and according to details provided by Concordia.

\_\_\_\_\_ I will purchase insurance coverage (travel, health, medical evacuation) to cover medical emergencies, illnesses, injuries, while in the US as an international student.

\_\_\_\_\_  
Name of registrant Signature Date

\_\_\_\_\_  
Parent name (if participant is under 19) Signature Date

Scan completed form and email to [IntensiveEnglishProgram@cune.edu](mailto:IntensiveEnglishProgram@cune.edu)