



DEPARTMENT OF WORLD LANGUAGES AND CULTURES
ENGLISH LANGUAGE INSTITUTE

English Language Institute
HMB E253
800 Florida Avenue N.E.
Washington, D.C. 20002-3695 USA

Fax: 202-448-6954
Telephone: 202-651-5721
Email: eli.office@gallaudet.edu
Website: <http://www.gallaudet.edu/eli>

The English Language Institute at Gallaudet University
Domestic Application Packet for English Summer School
Summer Session 2020

Dear Applicant,

The English Language Institute (ELI) is pleased to offer a special a 6-week summer school program for current ELI students and domestic deaf and hard-of-hearing applicants. It will begin on May 18th and end on June 26th, 2020. Business registration for English Summer School is from May 6th to May 8th, 2020.

Classes: The program will offer ESL classes only. The program will be small and intensive. Students will study English from Monday through Friday from 9 am to 12:00 pm and Monday through Thursday from 1 pm to 2:30 pm for a total of 21 hours a week. All classes will be led by instructors who use American Sign Language as the language of instruction.

Accommodations: Students can live in double occupancy rooms in one of Gallaudet's residence halls, and will be housed together to encourage friendship and communication practice. All meals will be provided in the University cafeteria.

Please note that prospective international applicants who are not currently ELI students that have been attending the spring semester prior to the English summer school class offered here are not eligible to apply. To apply for English Summer School, the enclosed application materials need to be completed and mailed to the ELI before April 15, 2020. Full payment must accompany the application.

If you have any questions about this program, email us at eli.office@gallaudet.edu, call us at (202) 651-5721, or fax us at (202) 448-6954

Regards,

A handwritten signature in blue ink, appearing to be "Amanda S. Holzrichter".

Dr. Amanda S. Holzrichter, Chair
Department of World Languages and Cultures



1. English Summer School Application Form

Please Type or Print Clearly

Applicant's Full Legal Name

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Given Name:	Middle Name:	Family Name:
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Applicant's Address

Number/Street:	
City:	State/Province:
Country:	Postal Code:
Email address:	Fax:

Citizenship & Documentation

Date of Birth: Month: Day: Year:	Current Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City and Country of Birth:
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship:
Do you have a US Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write your SSN:	
What is your goal after you finish the ELI English Summer School program? Check one box: <input type="checkbox"/> Enter Gallaudet University and seek a college degree. <input type="checkbox"/> Enter another university and seek a college degree. <input type="checkbox"/> Other (explain):	



Hearing Status

You are: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing	Cause of Deafness:	Age of Onset:
Type of Amplification used (if any): <input type="checkbox"/> Hearing aid <input type="checkbox"/> Cochlear Implant <input type="checkbox"/> None		

Secondary Program Attended

School Name:		
School Location: City:	Country:	
Dates of Attendance: From:	To:	Type of Degree/Certificate Earned:
Course of Study (computer science, literature, etc):		

Post-Secondary (College or University) Program Attended, if any

School Name:		
School Location: City:	Country:	
Dates of Attendance: From:	To:	Type of Degree/Certificate Earned:
Course of Study (computer science, literature, etc):		

Gallaudet Contact Data

How did you learn about the English Language Institute?
Have you visited Gallaudet University or the ELI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

Ethnicity

This question is optional. Are you	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White

Language Self Assessment

1. Directions: Please mark the box that best matches your skill.

Proficiency Level:

Spoken/Written Language of your Country:

- | | | | | | |
|-----------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Listening | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Speaking | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Reading | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Writing | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

Signed Language of your Country:

- | | | | | | |
|--------------------------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Understanding Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Communicating with Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

Spoken/Written English:

- | | | | | | |
|-----------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Listening | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Speaking | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Reading | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Writing | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

American Sign Language:

- | | | | | | |
|--------------------------|-------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Understanding Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |
| Communicating with Signs | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fluent |

<p>2. Directions: Please mark the box that best matches your use. If it does not apply to you, please mark the box next to N/A.</p>	
<p>Language Use:</p>	
Spoken/Written Language of your Country:	<input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work
Signed Language of your Country:	<input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work
American Sign Language:	<input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work
English:	<input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work
<p>3. Directions: Please respond to the questions. If the question does not apply to you, please write N/A.</p>	
<p>Age of First Use:</p>	
Spoken/Written Language of your Country:	How old were you when you first started using this language?
Signed Language of your Country:	How old were you when you first started using this language?
English	If you have learned some English already, how old were you when you first started?
American Sign Language	If you have learned some American Sign Language already, how old were you when you first started?

Certification of Information

My signature below certifies that all information in this application is correct, complete, and honestly presented. I understand that falsifying or withholding information in completing the application may result in the cancellation of my admission to the English Language Institute and/or registration with the program.

Applicant's Signature:	Date:
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Complete, sign, and mail this English Summer School Application Form to:

Gallaudet University
English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA



2. English Summer School Application Fee

Print Applicant Name: _____

All **first-time applications** to the ELI require a US \$50.00 **application fee** to cover the cost of processing your application. Additionally, we must receive full payment of your program fees. You may pay your fee via bank check, money order, or by credit card.

Bank Check or Money Order. Checks/money orders must be in **US dollars**.

<p>(Attach check or money order here) <small>* first-time applicants only</small></p> <p>Please do not send cash</p> <p>Amount: <u>US \$50.00</u></p> <p>Payable to: <u>Gallaudet University</u></p>

Credit Card. If you wish to pay by credit card, complete all information below. Please note that Visa is not an accepted credit card.

Credit Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Amount: <u>US \$50.00</u>
Card Number: _____	Expiration Date: _____
Card Owner Signature: _____	Date: _____
(Required)	
CVV#: _____ (the last 3-4 digits on the back of the card)	

Mail this page and its attachments to:

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3. Applicant Essay

Print Applicant Name: _____

Why do you want to attend the ELI English Summer School course? Explain here or attach a letter.

Guide to English Summer School Program Costs

Below is a link to the costs for the 2020 Early Summer Session of the English Summer School program.

<https://www.gallaudet.edu/documents/Finance/Tuition-Fee-Schedule-Summer-2020.pdf>

If this link above does not work for any reason, you can search the tuition and fee schedules in this link below.

<http://www.gallaudet.edu/finance/student-financial-services/tuition-and-fees>

Disclaimer: This information is provided as a guide only and is not considered a contract or binding on the University. The University reserves the right to change tuition costs, fees, and other charges at any time without notice.

On the next page, please pay the full amount due as indicated in the tuition and fee schedule provided by Gallaudet University.

4. English Summer School Payment

You may pay your tuition and other charges via bank check, money order, or by credit card.

Print Applicant Name: _____

Bank Check or Money Order:

Checks or money orders must be in **United States Dollars**.

(Attach checks or money orders here)

Please do not send cash

Payable to: Gallaudet University

Credit Card. If you wish to pay by credit card, complete all information below. Please note that Visa is not an accepted credit card.

Credit Card Type: Master Card Discover American Express **Amount:** _____

Card Number: _____ **Expiration Date:** _____

Card Owner Signature: _____ **Date:** _____
(Required)

CVV#: _____ (the last 3-4 digits on the back of the card)

Mail this page and its attachments to: **Gallaudet University**
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Guide to the Housing Application

Directions: All applicants who wish to live on campus during the summer must fill out, sign, and submit the Housing Application to Residence Life.

When you get your Gallaudet University ID Number from the English Language Institute, then you will need to activate your email address and the associated computer account before you can access Bison, where the online Housing Application is.

First Step: Please use this link below to read the instructions and activate your Gallaudet University email address. Please remember that the month number comes first, not the day number, if it asks you for your birthdate. If your name or resulting email address ends up being more than twenty characters long, you will need to truncate (e.g. cut off) the email address to only twenty characters.

Password Assistant (Please read and complete)

https://secure.gallaudet.edu/passwordassistance/new_user_information.aspx



Second Step:

You will need to complete the Housing Application online. Please see instructions for completing the housing application in this link below.

<http://www.gallaudet.edu/residence-life-and-housing/housing/housing-application>

For more information about Residence Life, you can view its website at this link below.

<http://www.gallaudet.edu/residence-life-and-housing>

Guide to the Health History Form

All Gallaudet students, including ELI students, must complete and mail a Student Health History form before summer classes begin. The student completes the first three pages, but a doctor or another health care provider must complete page 4. A medical examination is necessary if you plan to play sports. ELI students are not allowed to play varsity sports, but can participate in intramural sports. The form is kept on file for use in a medical emergency, even if the student does not purchase the Gallaudet medical insurance policy. For more information about Student Health Services, please use this link: <http://www.gallaudet.edu/student-health-service>

The website address for the student health history form is listed below.

Health History Form (Please print and fill out)



https://www.gallaudet.edu/documents/Student-Health-Service/Gallaudet%20University%20Student%20Health%20Service%2002_08_2019.pdf

- a. Please click on this website address or type in this website address on your Internet browser (This link needs Adobe Reader).
- b. Please fill out the health history form to the best of your ability.
- c. Then make an appointment to see a doctor near your home in order to get a signature. There should be a doctor's signature on the last page.
- d. Please get any missing immunization shots while at the doctor's office.
- e. Make a copy of the completed medical form for your own records. It is a good idea to bring an extra copy of the health history form and a copy of your immunization records with you.
- f. The original completed health history form needs to be sent to Student Health Services (SHS).
- g. Please note that if SHS does not get your health history form, you will not be allowed to attend any classes for the summer. If there are any missing immunization shots after you arrive on campus, you will be required to get them at a medical clinic here in the greater DC/MD/VA metropolitan area in order to register for classes.**

If you have any questions about the health history form, contact Student Health Services via their email address shs@gallaudet.edu, phone number (202) 651-5090 (V/TTY), or fax number (202) 651-5743.

Mail completed health history form to:

**Gallaudet University
Peter J. Fine Student Health Services (SHS)
800 Florida Avenue NE
Washington DC 20002-3695 USA**



5. Student Health Service Form

Print Applicant Name: _____

Directions: Please fill out this form and sign the Affirmation section below after submitting the completed Health History Form to Student Health Service via postal mail to the address listed below.

The English Language Institute program does not have the proper facilities to receive health history forms, which are under separate patient confidentiality regulations from the Health Insurance Portability and Accountability Act (HIPAA), including highly controlled and secure patient file storage. The completed Health History Form needs to be submitted to Student Health Service (SHS) at this address below.

Gallaudet University
Peter J. Fine Student Health Service
800 Florida Ave NE
Washington, DC 20002-3695
USA

SHS will review your Health History Form and send you an email if there are any missing immunization shots that you need to get for yourself at a doctor’s office near your home. If your Health History Form is complete, SHS will place a clearance on your student account at Gallaudet University and remove the immunization block. If you do not complete the Health History Form and get all the necessary immunizations before your arrival on campus, you will still have a SHS hold on your student account.

Date the Health History Form was mailed to Student Health Service: _____
Month Day Year

Affirmation: I understand that if I do not receive a clearance from Student Health Service, I cannot register for any classes at Gallaudet University. In this case, I would need to go to an outside medical clinic, (which may charge \$600-\$700), get my immunization shots, bring the immunization records from the medical clinic to SHS, and wait to receive a clearance from SHS before I can register for classes.

Signature

Date

After completing this form, please sign and date it, scan it, and send this page as an attachment to Mr. Ali Sanjabi at ali.sanjabi@gallaudet.edu.