



**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
Web site: <http://www.gallaudet.edu/eli>

Domestic ELI Application Packet

Dear ELI Applicant,

Thank you for contacting the English Language Institute at Gallaudet University. We provide a full-time, intensive instructional program in English as a Second Language, American Sign Language, and cultural studies for international and domestic deaf and hard of hearing adults. The ELI program welcomes students who wish to increase their language skills in order to qualify for admission to university study or to enhance their professional development. Hearing adults who wish to pursue a deafness-related university major or profession are also welcome. To apply for the English Language Institute, the enclosed application materials need to be completed and mailed to the ELI. Full payment must accompany the application. The ELI application and its supporting documents need to be mailed to the following address:

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

The only exception is the health history form, which needs to be mailed separately to the following address.

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

If you have any questions about this program, please email Mr. Ali Sanjabi at ali.sanjabi@gallaudet.edu, call us at (202) 651-5721, or fax us at (202) 448-6954.

Regards,

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

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



1. Domestic ELI Application Form

Please Type or Print Clearly

When would you like to enter the ELI program? Fall Spring Year: 20__

Applicant's Full Legal Name

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name:	Middle Name:	Last Name:
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Applicant's Mailing Address

Mailing Address: ----- ----- ----- -----
Email Address:
Phone:

Applicant's Permanent Address (if different than mailing address)

Mailing Address: ----- ----- ----- -----
Email Address:
Phone:



Hearing Status

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

Citizenship & Documentation

Date of Birth: Month: Day: Year:	Current Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____	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 program? Check one box: <input type="checkbox"/> Enter Gallaudet University and seek a college degree. <input type="checkbox"/> Other (explain): <input type="checkbox"/> Enter another university and seek a college degree.	

Father/First Legal Guardian Name and Address

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Mailing Address: ----- ----- -----	
Email Address:	Phone:
Employer:	Job Title:

Mother/Second Legal Guardian Name and Address

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Mailing Address: ----- ----- -----	
Email Address:	Phone:
Employer:	Job Title:



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 (University or College) 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 program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Have you enrolled at Gallaudet or the ELI program before? <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. If you were born deaf, became deaf later in life, have some residual hearing, or use a hearing aid, a cochlear implant, or some other assistive hearing device, please mark the box that reflects your best skill over the total of your lifetime.

Proficiency Level:

Spoken/Written Language of your Country:

Listening None Basic Intermediate Advanced Fluent

Speaking None Basic Intermediate Advanced Fluent

Reading None Basic Intermediate Advanced Fluent

Writing None Basic Intermediate Advanced Fluent

Signed Language of your Country:

Understanding Signs None Basic Intermediate Advanced Fluent

Communicating with Signs None Basic Intermediate Advanced Fluent

Spoken/Written English:

Listening None Basic Intermediate Advanced Fluent

Speaking None Basic Intermediate Advanced Fluent

Reading None Basic Intermediate Advanced Fluent

Writing None Basic Intermediate Advanced Fluent

American Sign Language:

Understanding Signs None Basic Intermediate Advanced Fluent

Communicating with Signs None Basic Intermediate Advanced 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> <p>Spoken/Written Language of your Country: <input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work</p> <p>Signed Language of your Country: <input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work</p> <p>American Sign Language: <input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work</p> <p>English: <input type="checkbox"/> N/A <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work</p>	
<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> <p>Spoken/Written Language of your Country: How old were you when you first started using this language?</p> <p>Signed Language of your Country: How old were you when you first started using this language?</p> <p>English If you have learned some English already, how old were you when you first started?</p> <p>American Sign Language If you have learned some American Sign Language already, how old were you when you first started?</p>	

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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Domestic Admission Deadlines: To enter the ELI program in the Fall (August), domestic applicants must submit the ELI application documents by July 15. To enter the ELI program in the Spring (January), the ELI application documents must be received by December 15.

Complete, sign, and mail this form to:

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

2. Application Fee

Print Applicant Name: _____

All applications to the ELI program require a US \$50.00 application/admission fee to cover the cost of processing your application and preparing your admission. You may pay your fee via bank check or money order, or by credit card.

When would you like to enter the ELI program? Fall Spring Year: 20____

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

(Add a check or money order here with a paper clip)

Please do not send cash

Amount: US \$50.00

Payable to: Gallaudet University

Credit Card. If you wish to pay by credit card, complete all information below.

Credit Card Type: Master Card Discover American Express Visa **Amount:** US \$50.00

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

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

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


3. Official Identification

Print Applicant Name: _____

For US citizens: please make a clear copy of one of the following documents:

- Passport
- Driver's license
- State identification card
- Birth certificate
- School ID card
- Voter card
- Utility bill
- Property tax payment


For permanent residents: please make a copy of your permanent residency card (green card).

**Add a copy of your official identification to this page
with a paper clip.** 

4. Audiogram

Print Applicant Name: _____

Since the ELI program is designed for Deaf and Hard-of-Hearing students only, we must review your most recent audiogram. **Audiograms which are more than 3 years old will not be accepted.** Hearing applicants do not need to submit an audiogram.


**Add a copy of your most recent audiogram to this
page with a paper clip.** 

5. Secondary School Transcript

Print Applicant Name: _____

Your secondary school transcript lists all the courses that you took there and the grades you received. Please submit an official copy of your transcript. If it is in another language other than English, you need to have it officially translated into English by a commercial translation agency. Add both the official copy and the official English translation to this page.

If you also have college or university transcripts, please add both the official copy and the official English translation to this page as well.

**Add a transcript from your former secondary school
to this page with a paper clip.** 

6. Two Letters of Recommendation

You must obtain Letters of Recommendation from at least two professional adults who know you well.

Examples of professionals who can evaluate you are your instructors, academic counselor, school principal, and if you work, your supervisor.

The next two pages are forms that your recommenders can use to evaluate you.

Part A instructions for the ELI applicant:

1. Complete Part A of the Letter of Recommendation form
2. Give the forms to your recommenders
3. Ask them to follow the Part B instructions below for the professional adult.
4. Gather the sealed envelopes (do NOT open them, these envelopes must remain sealed)
5. Mail the sealed envelopes with your ELI application

Part B instructions for the professional adult:

1. Complete Part B of the Letter of Recommendation form
2. Put it into an envelope
3. Put a business card in the envelope
4. If the form and the business card are not written in English, obtain official English translations
5. Put the official translations into the envelope
6. Seal it
7. Sign a signature across the sealed part of the envelope
8. Give the envelope to the applicant

Letter of Recommendation

Please Type or Print Clearly

Directions for Part A: To be completed by the Applicant

1. Complete Part A of this Letter of Recommendation	4. Gather the sealed envelopes (do NOT open them, these envelopes must remain sealed)
2. Give the forms to your recommenders	5. Mail the sealed envelopes with your ELI application
3. Ask them to do the instructions below for Part B.	
Applicant's Name:	
Applicant's Address:	

Directions for Part B: To be completed by the Recommender

The applicant above is applying to the English Language Institute (ELI) at Gallaudet University in Washington, D.C. The ELI program provides a full time, intensive program in English as a Second Language, American Sign Language and cultural studies for international deaf and hard of hearing adults. Thank you for helping us learn more about the applicant.

1. Complete Part B of this Letter of Recommendation	5. Put the official translations into the envelope
2. Put it into an envelope	6. Seal it
3. Put a business card in the envelope	7. Sign a signature across the sealed part of the envelope
4. If the form and the business card are not written in English, obtain official English translations	8. Give the envelope to the applicant
Please evaluate the applicant using this scale:	
Ability to Learn:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Self-discipline:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Motivation:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Character:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Please comment here on the applicant's character and ability to learn, or add a letter:	
Your Address:	
Your relationship to the Applicant:	
Your Name (print):	Title/Position:
Signature:	Date:

Letter of Recommendation

Please Type or Print Clearly

Directions for Part A: To be completed by the Applicant

6. Complete Part A of this Letter of Recommendation	9. Gather the sealed envelopes (do NOT open them, these envelopes must remain sealed)
7. Give the forms to your recommenders	10. Mail the sealed envelopes with your ELI application
8. Ask them to do the instructions below for Part B.	
Applicant's Name:	
Applicant's Address:	

Directions for Part B: To be completed by the Recommender

The applicant above is applying to the English Language Institute (ELI) at Gallaudet University in Washington, D.C. The ELI program provides a full time, intensive program in English as a Second Language, American Sign Language and cultural studies for international deaf and hard of hearing adults. Thank you for helping us learn more about the applicant.

9. Complete Part B of this Letter of Recommendation	13. Put the official translations into the envelope
10. Put it into an envelope	14. Seal it
11. Put a business card in the envelope	15. Sign a signature across the sealed part of the envelope
12. If the form and the business card are not written in English, obtain official English translations	16. Give the envelope to the applicant
Please evaluate the applicant using this scale:	
Ability to Learn:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Self-discipline:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Motivation:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Character:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Please comment here on the applicant's character and ability to learn, or add a letter:	
Your Address:	
Your relationship to the Applicant:	
Your Name (print):	Title/Position:
Signature:	Date:

7. Applicant Essay

Print Applicant Name: _____

Why is the ELI program good for you? Explain here or add a letter. (500 words)

Guide to the Documentation of Financial Sources Form and the Certification of Finances Form

Student's Sources of Funds/Required Documents

An English Language Institute policy requires all domestic applicants to provide evidence of adequate financial support before they may obtain an acceptance letter.

Directions: To demonstrate that you have adequate financial support, you must complete and send the Documentation of Financial Sources Form and the Certification of Finances Form below and original, official documents that **show you have sufficient funds to pay at least the fixed/estimated costs of one academic year.**

In the link below, please check the fixed/estimated costs for domestic students in the English Language Institute (ELI) at Gallaudet University.

<https://www.gallaudet.edu/Documents/Finance/student-financial-services-english-language-institute-eli-us-tuition-fall-2019-spring-2020.pdf>

If the link above does not work for any reason, you may find the tuition and fee schedules that Gallaudet University provides in this link below.

<https://www.gallaudet.edu/finance/student-financial-services/tuition-and-fees/tuition-and-fees-fall-2019-and-spring-2020>

If you plan to live on campus in one of the dormitories, the room rates can be found in this link below.

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

The estimated cost of living on campus for one academic year must be included as part of the total fixed / estimated costs for the purposes of providing financial evidence for your ELI application.

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.

Estimated Additional Costs:

- You should plan to have at least \$5,000 for personal expenses each academic year.
- If you plan to stay at Gallaudet through the winter and summer vacation periods, you will need an additional \$5,000.
- If your family will stay with you while you are a student, plan an additional \$8,000 for your spouse and \$5,000 for each child.

Summer School: Gallaudet offers additional courses during Summer School (May-August). Most academic programs do not require students to take Summer School courses. Summer School courses require additional tuition and fees. Consult the Student Accounts office for a list of these additional charges.

For Domestic Students - Documentation of Financial Support: Listed in the Documentation of Sources form below are the sources of support you can use to demonstrate adequate financial support.

The total amount of funds shown in these support documents must equal or exceed the fixed costs for one academic year in the ELI program.

Steps:

1. You must obtain original, official copies of each support document.
2. Add a copy of each document to this Certification of Finances Form and send it to the English Language Institute (ELI) at Gallaudet University.

Required for all Applicants: You **MUST** submit documents for each source of funds that you mark. Documents must be in English and bear a signature or be on letterhead from an official agency.

Note: These documents must be less than three months old when presented to Gallaudet University.

8. Documentation of Financial Sources

Directions: Please mark your source(s) of funding for the duration of your program at Gallaudet University.

Sources	Required Documents
<input type="checkbox"/> An advance deposit for the fixed costs for one semester in the applicant's student account at Gallaudet University	<ul style="list-style-type: none"> • Receipt from the Gallaudet University Finance Office for the advance deposit; • A Domestic Advance Payment Form completed for one semester and signed by the student;
<input type="checkbox"/> Student's Personal Funds	<ul style="list-style-type: none"> • Bank statements for checking, savings and/or other accessible account (60 days); • Certificates of deposit: mutual, stock, or bond funds; • A Domestic Advance Payment Form completed and signed by the student;
<input type="checkbox"/> Support Available From Family	<ul style="list-style-type: none"> • Complete the Sponsor Affidavit in this application; • Bank statements for checking and /or savings (60 days); • Certificates of deposits, mutual, stock, or bond funds; • A Domestic Advance Payment Form completed and signed by the family member responsible for the student's financial support;
<input type="checkbox"/> Support Available From Sponsors	<ul style="list-style-type: none"> • Complete the Sponsors Affidavit in this application; • Official letter from sponsor's employer showing annual earnings; • A Domestic Advance Payment Form completed and signed by the financial sponsor;
<input type="checkbox"/> The Government	<ul style="list-style-type: none"> • Official Letter; • A Domestic Advance Payment Form completed and signed by the student;
<input type="checkbox"/> Charitable Organizations/School Scholarship	<ul style="list-style-type: none"> • Official Letter; • A Domestic Advance Payment Form completed and signed by the student;
<input type="checkbox"/> Vocational Rehabilitation (VR)	<ul style="list-style-type: none"> • Official Letter; • A Domestic Advance Payment Form completed and signed by the student;

9. Certification of Finances

To Be Completed by the Applicant. Please Type or Print Clearly

NAME: _____
Last Name (Family Name) First Name Middle Name

GENDER: (Check one): Male Female **DATE OF BIRTH:** _____/_____/_____
(Month) (Day) (Year)

MAILING ADDRESS:

Street

City

State

Zip or Postal Code

Country

E-MAIL ADDRESS: _____

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

PHONE #: (_____) _____


FAX #: (_____) _____

Applicant Certification

I hereby certify that the total amount of money that I have available for my first academic year at Gallaudet University is US\$_____. Further, I certify that the information I am providing is correct and complete, and that I will notify Gallaudet University of any changes in my financial circumstances.

Signature

Date

**Add financial support documents
to this page with a paper clip** 

Guide to Completing the Sponsor's Affidavit of Annual Cash Support Form

What is the implication of this affidavit?

By completing this affidavit, you (sponsor) are sworn to the United States government that you will support the student with a specific amount of money from your own financial resources for **each year** of the student's studies and residence at Gallaudet University in the United States of America. Please note that you also must add documents with proof to show that you are sworn to support that student every year.

By signing the affidavit, you are making a financial commitment to the student that you must not break. Sponsors who fail to provide the sworn support will force students to leave school. Do not expect that the student will be able to help support the costs through employment. Employment is very limited.

How to complete the enclosed Sponsor's Affidavit of Annual Cash Support Form:

- Fill out affidavit form in ENGLISH!
- Promise to give only as much money as you can afford. *The most common reason we reject affidavits is because we do not believe a sponsor can pay the amount of money he or she has promised.*
- Add proof of financial capability document(s) as explained below.

Proof of Financial Capability Documents:

You must prove that you are financially capable of supporting EACH YEAR of your student's studies by adding a proof of income document and bank statements. (If one of these documents is not added, your support will not be considered).

- **Proof of Income Document.** This must be on your employer's business stationary, on income tax returns, or receipts, or estimates by a bank with a private account if you are self-employed. The income of your company will not be accepted as proof of income. You must provide an official statement of the salary paid to you or it must be on tax returns.
- **Bank Statements** must be in your name and your statement must state the following information: date when your account was opened, current balance in U.S. dollars, average deposits and average balances. We cannot accept statements that do not specify balances unless it is stated to be a minimum of \$100,000 US. If another person's name appears on your bank statement, that person must complete a separate affidavit or submit a statement permitting those funds to be considered as financial support for the student.
- **A Bank Letter** must be submitted with the account balance on the letterhead of the bank where the banking account mentioned above is located. The bank letter must be in English and must specify the balance in US dollars.

Documents must be:

- **Current (less than three months old)**
- In English

10. Sponsor's Affidavit of Annual Cash Support Form

Directions: Please read the Guide to the Documentation of Financial Sources above to determine if this form needs to be completed. Please read the Guide to Completing the Sponsor's Affidavit of Annual Cash Support in order to fill out this form correctly. It is recommended to fill in an amount greater than **\$30,000 USD** in order to financially qualify.

THIS IS MY SWORN PROMISE OF CASH SUPPORT

I, _____, *promise that I can and will give no less*
My Name
*than U.S. \$ _____ in cash **FOR EVERY YEAR** of the student's program of study at*
Gallaudet University to: _____
Full Name of Student

My relationship to the student is _____.
Parent, Spouse, Brother/Sister, Government Sponsor, Other

My address is _____

Phone: _____ Fax: _____

Email: _____

The following persons are fully or partially dependent upon me for their support (do not include the student named above):

_____	_____	_____
Name	Relationship to me	Age

_____	_____	_____
Name	Relationship to me	Age

Name of My Employer: _____

Annual Salary: _____ (US\$) Other Income: _____ (US\$)

My proof of income document and bank statement are added: Yes No

Signature

Date

11. Domestic Advance Payment Form

Print Applicant Name: _____

Directions: The applicant or the financial sponsor of the applicant must fill out and sign this Domestic Advance Payment Form.

My relationship to the applicant is _____.
Self, Spouse, Mother, Father, Brother, Sister, or Other Financial Sponsor

I understand that if I do not provide an advance payment for each semester by the deadline for business registration, the student cannot register for any classes at Gallaudet University.

The advance payment deadline for a new student that will attend ELI Student Orientation (ESO) is Arrival Day for new ELI students. Please check the ELI website (<https://www.gallaudet.edu/english-language-institute/eli-academics/eli-schedule>) for the dates. The advance payment deadline for a returning student is the deadline for business registration. Please check the Gallaudet University undergraduate academic calendar (<https://www.gallaudet.edu/registrar/academic-calendars>) for the dates.

During the semester, the student may incur additional charges. When this happens, the balance due must be paid off by the final balance due deadlines listed on the undergraduate academic calendar on the Gallaudet University website.

I also understand that the student is ultimately responsible for paying the balances due to Gallaudet University.

Signature

Date

12. Grace Period Form

Print Applicant Name: _____

Below is important information for the student and his/her family or financial sponsor about grace periods.

If a student on the first day of classes has not been able to complete business registration, the student cannot stay on campus and must return home within a reasonable amount of time (e.g. less than a week). The family is expected to be prepared to purchase a return flight ticket or provide other transportation for the student.

As a student, I understand that it is my responsibility to pay off debts due to Gallaudet University on a timely basis. If a final balance due deadline has passed and I still have an outstanding balance or I cannot complete business registration before the current semester's deadline, I understand that I cannot stay on campus as a student. I understand this policy and agree to abide by it.

Signature of Student

Date

Bank Transfer Option: After the ELI application has been submitted, then if you wish to do a bank transfer/money wire, please send an email to Mr. Ali Sanjabi at ali.sanjabi@gallaudet.edu to obtain information on how to make an advance payment via a bank transfer.

Witness (Signature Required):

Please print your name clearly: _____

My relationship to the applicant is _____
Spouse, Mother, Father, Brother, Sister, or Other Financial Sponsor

Signature of Spouse, Mother, Father, Brother, Sister, or Other Financial Sponsor

Date

13. Housing Affirmation Form

Print Applicant Name: _____

Directions: Please fill out this form and sign the Affirmation section below after you have submitted the completed Housing Application to Residence Life.

The Housing Application is available in Bison, which is an online portal that is available for Gallaudet University students. Applicants need to wait until a decision has been reached regarding their ELI application for admission. When the applicant has been accepted to the English Language Institute, then the Housing Application can be completed after he or she has registered for his or her Gallaudet University email account.

Date the Housing Application Form was submitted to Residence Life: _____
Month Day Year

Affirmation: I understand that I must submit the Housing Application form within Bison in order to reserve a dorm room before I arrive on campus for ELI Student Orientation. I understand that if I do not complete the housing form in a timely manner, there may be no dorm room available for me.

Applicant 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.

Guide to Completing the Health History Form

All Gallaudet students, including ELI students, must complete and mail a Student Health History form by June 1 (for Fall admission) or November 1 (for Spring admission). The student completes the first three pages, but a doctor or another health care provider must complete the last page. 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 Service, 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 copies of the completed health history form and your immunization records. Please bring these copies with you to Gallaudet University.
- f. The original completed health history form needs to be sent to Student Health Service (SHS).
- g. Please note that if SHS does not get your health history form, you will not be allowed to attend classes for the semester. 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 Service 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 Service (SHS)
800 Florida Avenue NE
Washington DC 20002-3695 USA

14. 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.