University of Miami – Intensive English Program Supplemental Information Form

Student's Family Name (Surname) Stude		's Name (Given Name)	Date of Birth:	Month / Day / Year	
Section 1: STATEMENT OF FINANCI Fill out this section only if you a stay in the U.S.). All students requesting an I-20 must	t demonstrate evidenc	ce of financial support for the	
		ne University of Miami Intensive Englis es, books, accommodations, meals or	u		
	ed for each dependent included or organization responsible f	on the Form I-20. or your expenses during your stay	at the University o	f Miami Intensive English	
Myself	Parents	Other relative		Employer	
Friend	Government	Other:			
SPONSOR'S FULL NAME: Family Name (Surname)	 First Name (Gi	ven Name)	Middle Name (if any)		
SPONSOR'S CONTACT INFO	RMATION: (Please include area	a/country code)			
Telephone	Fax		E-mail address		
SPONSOR'S ADDRESS:					
Number/Street	City	State/Province C	Country	Zip Code	

Section 2:

Before signing this form please read the following carefully and check the boxes next to the statements.

- □ 1. I understand that the \$125 application fee is nonrefundable and nontransferable.
- 2. All information contained in my application is complete, factually correct, and honestly presented.
- 3. If I enroll in IEP, I agree to follow the University of Miami Honor Code, a document that prohibits dishonesty in all academic work.
- 4. I understand that application for admission to the Intensive English Program does not constitute admission to any University of Miami degree program.

Signatures

I certify that I have read and understand the statements outlined above. I certify that the statements and information I have provided on this form are complete and accurate to the best of my knowledge. My signature below indicates that I am registering for this course and that I am responsible for full payment of all the costs for the IEP program.

Date

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