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 17th and end on June 25th, 2021. Business registration for English Summer School is from May 5th to May 7th, 2021.

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, 2021. 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,

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**

| Mr. | Ms. | Mrs. | Given Name: | Middle Name: | Family Name: |

**Applicant’s Address**

<table>
<thead>
<tr>
<th>Number/Street:</th>
<th>City:</th>
<th>State/Province:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
<th>Postal Code:</th>
<th>Email address:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Citizenship & Documentation**

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Month:</th>
<th>Day:</th>
<th>Year:</th>
<th>Current Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a US citizen?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have a US Social Security Number?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your goal after you finish the ELI English Summer School program?</th>
<th>Yes</th>
<th>No</th>
<th>If yes, write your SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Enter Gallaudet University and seek a college degree.
- Enter another university and seek a college degree.
- Other (explain):
### Hearing Status

<table>
<thead>
<tr>
<th>You are:</th>
<th>Cause of Deafness:</th>
<th>Age of Onset:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Deaf</td>
<td>☐ Hard of Hearing</td>
<td>☐ Hearing</td>
</tr>
</tbody>
</table>

Type of Amplification used (if any):

- ☐ Hearing aid
- ☐ Cochlear Implant
- ☐ 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?**

- ☐ Yes
- ☐ No

If yes, when?

### Ethnicity

This question is optional. Are you

- ☐ American Indian/Alaska Native
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ White
# Language Self-Assessment

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

<table>
<thead>
<tr>
<th>Proficiency Level:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spoken/Written Language of your Country:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Speaking</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Reading</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Writing</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signed Language of your Country:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding Signs</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Communicating with Signs</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spoken/Written English:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Speaking</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Reading</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Writing</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>American Sign Language:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding Signs</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
<tr>
<td>Communicating with Signs</td>
<td>☐ None</td>
<td>☐ Basic</td>
<td>☐ Intermediate</td>
<td>☐ Advanced</td>
<td>☐ Fluent</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Language Use:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoken/Written Language of your Country:</td>
<td>☐ N/A</td>
<td>☐ Home</td>
<td>☐ School</td>
</tr>
<tr>
<td>Signed Language of your Country:</td>
<td>☐ N/A</td>
<td>☐ Home</td>
<td>☐ School</td>
</tr>
<tr>
<td>American Sign Language:</td>
<td>☐ N/A</td>
<td>☐ Home</td>
<td>☐ School</td>
</tr>
<tr>
<td>English</td>
<td>☐ N/A</td>
<td>☐ Home</td>
<td>☐ School</td>
</tr>
</tbody>
</table>

3. **Directions:** Please respond to the questions. If the question does not apply to you, please write N/A.

<table>
<thead>
<tr>
<th>Age of First Use:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoken/Written Language of your Country:</td>
<td>How old were you when you first started using this language?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signed Language of your Country:</td>
<td>How old were you when you first started using this language?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>If you have learned some English already, how old were you when you first started?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language</td>
<td>If you have learned some American Sign Language already, how old were you when you first started?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

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.

(Activity check or money order here) *first-time applicants only

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. Please note that Visa is not an accepted credit card.

<table>
<thead>
<tr>
<th>Credit Card Type:</th>
<th>□ Master Card</th>
<th>□ Discover</th>
<th>□ American Express</th>
<th>Amount: US $50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Number:</td>
<td>___________________________</td>
<td>Expiration Date: ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card Owner Signature:</td>
<td>___________________________</td>
<td>Date: ____________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Required)

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

Mail this page and its attachments to: Gallaudet University

English Language Institute, HMB E253
800 Florida Avenue NE
Washington DC 20002-3695 USA
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 2021 Early Summer Session of the English Summer School program.

The link will come soon. If you have questions, please email eli.office@gallaudet.edu.

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

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: __________   ________   ________

**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.