First Name: ___________________________ Last Name: ___________________________

Address in Lexington:
Street/P.O. Box: ______________________________________________________________
City: ___________________ State: ___________________ Zip Code: ______________

Telephone Number: ___________________________ Email: ___________________________

Birth Date: ___________ Nationality: ___________________________ Native Language: ___________________________

Visa Status (Green Card/Citizen, F-2, Visitor, other): ___________________________

Which session(s) would you like to attend? Please check all that apply.

- Summer A, 2015 (4 Weeks)
- Summer B, 2015 (4 Weeks)
- Fall I, 2015 (6 Weeks)
- Fall II, 2015 (6 Weeks)
- Spring I, 2016 (6 Weeks)
- Spring II, 2016 (6 Weeks)

The Cost for each 6-week session is $175.00. The cost for each 4-week session is $120.
(Tuition subject to increase in Fall 2015.)

How do you wish to pay for the session?

- Check
- Money Order
- Bill My Department

Name of Department: ___________________________

Signature: ___________________________ Date: ___________________________

You will be tested to determine your level of proficiency before your classes begin. Check with the Center for English as a Second Language when you register for classes about time and place for testing. Please return this application to the Center for English as a Second Language along with a check or money order payable to “Center for ESL-UK”.

Refund Policy:
6-week classes: 100% before 2nd class; 50% before 3rd class; 0% after 3rd class
4-week classes: 100% before 2nd class; 0% after 2nd class

Center for ESL – University of Kentucky – 1673 Patterson Office Tower – Lexington, KY 40506-0027 ph. 859-257-7003

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