Application for English for Professional Purposes: Business (EPP:B)
Intensive English Program
Department of Applied Linguistics & ESL
Georgia State University
404-413-5200 (phone) 404-413-5201 (fax) esl@gsu.edu (email)

Check one of the following:

☐ I have been conditionally admitted to GSU’s Robinson College of Business (RCB) program.

☐ I have NOT been conditionally admitted to GSU’s RCB program.

What is English Proficiency Test Score? ___________    TOEFL    IELTS    ___________

Name (as it appears on passport) ________________________________________________________________

family name  first  middle

Date of Birth ____________________  ☐ Male  ☐ Female

Month/day/year

Country of Birth ____________________  Country of Citizenship ____________________

First Language(s) ____________________  ____________________

Home Telephone ___________  ___________  ___________  Local Telephone ___________  ___________  ___________

country code + city code + number  country code + city code + number

Cell ___________  ___________  ___________

country code + city code + number  write very clearly

Email __________________________________

Permanent Address (for foreign addresses, please give street addresses, not P.O. Boxes)

____________________________________________________________________________________

street number and name

____________________________________________________________________________________

city state/province  country  postal code (if any)

Mailing Address (if different from your permanent address; I-20 and other documents will be sent here)

____________________________________________________________________________________

number and street

____________________________________________________________________________________

city state/province  country  postal code (if any)

All Applicants Must Read, Understand, and Sign

Please read and sign that you understand the following statement.

☐ I certify that all information on this application is true and accurate.

☐ Attached is a copy of my passport to verify my information above.

Signature ___________________________  ___________________________  month/day/year