

Texas A&M University – Corpus Christi

A Member of Texas A&M University System



APPLICATION CHECKLIST

STUDENT NAME: _____

Academic English & University Entrance

UNDERGRADUATE & ENGLISH _____

GRADUATE & ENGLISH _____

START DATE FOR ENGLISH _____ MAJOR AREA OF STUDY _____

This application package must include the following items:

1.	International Student Application for Admission Form
2.	US\$140 application & Courier fees payable to ESLI
3.	Official Original Certified original school transcripts
4.	Official Original Certified School graduation diploma
5.	Sponsor's Financial Guarantee form, signed by sponsor
6.	Original Sponsor's Bank statement
7.	3 letters of recommendation (required for graduate apps)
8.	Study plan (300-500 words for graduate apps)
9.	Resume (required for MPA, MBA, and MAcc apps)
10.	FCSA Application form and \$110 fee for Official Detailed Evaluation of Coursework for ALL Masters level applicants & Bachelor level applicants with prior college or university credits.
11.	Copy of student's passport
12.	On Campus Housing Application
13.	TAMUCC Immunization Form

ENGLISH ONLY

TAMUCC/ESLI ONLY _____ START DATE _____ ENDING DATE _____

This application package must include the following items:

1.	International Student Application for Admission Form
2.	US\$140 application & Courier fees payable to ESLI
3.	Sponsor's Financial Guarantee form, signed by sponsor
4.	Original Sponsor's Bank statement
5.	Copy of student's passport

AGENCY: _____

COUNSELOR: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

TEL: _____ FAX: _____

EMAIL: _____

Mailing Address:

ESLI

4528 Humphrey Hill Road
Sedro Woolley, WA 98284 USA

Tel: 360-724-0547

Fax: 360-724-0548

Email: esli@esli-intl.com

TEXAS A&M UNIVERSITY - CORPUS CHRISTI
UNDERGRADUATE INTERNATIONAL STUDENT
APPLICATION FOR ADMISSION

Return all admission material to:
TAMUCC ESLI
4528 Humphrey Hill Road
Sedro Woolley, WA 98284

For more information concerning the admission process, telephone (360)-724-0547 or fax (360) 724-0548.

NOTE: A non-refundable evaluation/application fee is required with each application.

Semester and year admission is desired: Semester _____ Year _____

U.S. Social Security number _____

Name _____
last (family) first middle maiden

Other name(s) which might appear on previous academic records _____

Permanent address
in home country _____
street and number city state zip code country

Telephone number (with country code) _____ E-mail address _____

Current
mailing address _____
street and number city state zip code country

Telephone number (with country code) _____ E-mail address _____

Birth date _____ Marital status: single _____ married _____ Gender: male _____ female _____
month/day/year

Country of birth _____ Country of citizenship _____

If you come to the United States, will your spouse and/or children come with you? yes _____ no _____

Students Currently in U.S.A.: Date of entry _____ Type of visa at entry _____ I-20 Admission number _____

Passport number _____ Passport issued by _____ Passport valid until _____

What institution issued the I-20 for your current visa? _____

Are you currently enrolled in the institution? yes _____ no _____ Date I-20 expires _____

EDUCATIONAL DATA

Intended major at Texas A&M University - Corpus Christi _____

Type of degree you are seeking: bachelor's degree _____ ESLI only _____

Have you taken the ACT/SAT? yes _____ no _____ Were your scores sent to TAMUCC? yes _____ no _____

SAT scores: Verbal _____ Math _____ Total _____ Test date _____

ACT score: _____ Test date _____

Have you taken the GRE/GMAT? yes _____ no _____ Were your scores sent to TAMUCC? yes _____ no _____

GRE scores: Verbal _____ Quantitative _____ Analytical _____ Test date _____

GMAT total score: _____ Test date _____

Have you taken the Test of English as a Foreign Language (TOEFL)? yes _____ no _____ (TAMUCC requires a TOEFL score of 550 for undergraduate students, 550 for graduate students.)

Has your official TOEFL score been sent to TAMUCC? yes _____ no _____ Score _____ Test date _____

What is your native language? _____ Other languages _____

Intensive English Students: Intensive English program only _____ Intensive English and degree program _____

ESLI start date _____ Are you currently enrolled in an intensive English language program? yes _____ no _____

If yes, where? _____

EDUCATIONAL BACKGROUND

List in chronological order each school or institution you have attended; begin with secondary school and end with the present. Include each school or institution attended, the dates attended and the degrees received. If you need additional space, use a separate sheet of paper.

Name of School or Institution and Location	Type of School: Secondary, College, University, Etc.	Attended From – To Month/Yr – Month/Yr	Actual Name of Diploma, Degree or Certificate	Date Received	Your Age in School
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How did you learn about Texas A&M University - Corpus Christi ? _____

Were you referred to Texas A&M University - Corpus Christi by an agency? yes _____ no _____

Name of agency _____

Address _____ Telephone _____

Provide the following information on a person (parent, guardian, relative) who could be notified in case an of emergency:

Name _____ Relationship _____

Address _____ Telephone _____

RESIDENCY INFORMATION

Texas Higher Education Coordinating Board rule 21.38 requires each student to provide substantiating documentation to affirm residence for tuition purposes. It also requires an Oath of Residency required by state law to be signed by each applicant. If you have attended school or resided out of state, additional proof of residency may be required.

OATH OF RESIDENCY

I understand that information submitted here will be relied on by University officials to determine my status for residency. I authorize the University to verify the information I have provided. I agree to notify proper institution officials of any changes. I certify that the information is complete and correct, and I understand that submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment or appropriate disciplinary action.

Signature of applicant _____ Date _____

Texas A&M University Corpus Christi serves people of all ages regardless of socioeconomic level, race, color, gender, religion, disability or national origin. TAMUCC is an affirmative action/equal employment opportunity institution. I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE, AND I UNDERSTAND THAT SUBMISSION OF INACCURATE OR INCOMPLETE INFORMATION MAY RESULT IN TERMINATION OF MY APPLICATION, ENROLLMENT AT TEXAS A&M UNIVERSITY OR DISMISSAL FROM THE UNIVERSITY. I understand that as a student of Texas A&M University-CC, an account will be established in my name. I am aware that financial transactions will be posted to this account, and the University will extend credit to me in anticipation of payment on a prescribed due date. I understand that if I fail to repay any debt when due, I will be assessed late charges. I further agree to pay all attorney's fees and other reasonable collection costs necessary to collect amount not paid when due.

Signature of applicant _____ Date _____

 **Texas A&M University-Corpus Christi**
The Island University

International Graduate Application for Admission

Graduate Studies and Research - 6300 Ocean Drive - Corpus Christi, Texas 78412 - (361) 825-5740 or 1-800-482-6822

Information and Requirements for Graduate Admission

The following documents are required for admission into any graduate program at Texas A&M University-Corpus Christi.

1. The completed Application form must be accompanied by a non-refundable fee of **\$70.00**, which must be paid in U.S. currency.
2. Official transcripts from all undergraduate and graduate coursework must be submitted.
3. Notarized Affidavit of Support (or I-34 form) certifying ability to finance study in the U.S.
4. International applicants in the United States are required to provide a copy of their current visa.

Please check with your graduate program or the graduate catalog for more information concerning specific admission requirements pertaining to the program of your choice. The graduate catalog is posted at www.tamucc.edu/~gradweb.

A. Applicant Information (Please type or print clearly)

Date of Birth*: _____ - _____ - _____
Month Day Year

Gender*: Male Female

Place of Birth*: _____
City

Race/Ethnicity*

- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic/Latino
- Asian, Pacific Islander Asian
- American Indian/Alaskan
- Other _____ (specify)

State Country

Country of Citizenship

Mr. Ms. Other: _____

Full Legal Name: _____
Last First Middle Maiden Suffix (Jr.,etc)

Permanent Address:

Current Address: (Only if different from permanent address)

Number and Street P.O.Box Apt. #

Number and Street P.O.Box Apt. #

City State Zip County

City State Zip County

(_____) _____ (_____) _____

(_____) _____ (_____) _____

Home telephone Work telephone

Home telephone Work telephone

E-Mail Address: _____

In case of emergency, please contact: Full Name: _____

Address: _____ Relationship: _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Expected Semester of Entry for ESLI: Year _____ Fall Spring Summer I(June) Summer II(July)
Are you applying as: Degree Certificate
 Non-Degree Seeking (ESLI only_____)

- This information is for state and federal reporting purposes and will not be used in any admission decision.

Students Currently in U.S.A.: Date of entry:_____ Type of Visa at entry_____ I-20 Admission number_____
Passport number_____ Passport issued by _____ Passport valid until_____
What institution issued the I-20 for your current visa? _____
Are you currently enrolled in the institution? Yes_____ No_____ Date I-20 expires_____

A. Educational Data

List in chronological order every college or university you have attended and/or attending, beginning with the most recent

<u>College University</u>	<u>City/State</u>	<u>Dates Attend(ing)</u>	<u>Degrees Received</u>
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All applicants for admission to the University must have the Registrar of *each* college/university attended send **official transcripts** of their work to the Office of Graduate Studies and Research.

For which degree/certificate are you applying? _____

Have you taken the GRE/GMAT? Yes_____ No_____ Were your scores sent directly to TAMUCC? Yes_____ No_____

GRE scores: Verbal_____ Quantitative_____ Analytical_____ Test Date_____

GMAT total score:_____ Test Date_____

Have you taken the Test of English as a Foreign Language (TOEFL)) yes_____ No_____ (TAMUCC requires a TOEFL score of 550 or higher or an IBT of 79-80 or higher for graduate students)

Has your official TOEFL/IBT score been sent to TAMUCC? Yes_____ No_____ Score_____ Test Date_____

B. Certification

I understand that the information submitted herein will be relied upon by officials of Texas A&M University-Corpus Christi to determine my status for admission and residency for tuition purposes. I certify that the information on this application is accurate and complete and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

THIS APPLICATION IS NOT COMPLETE AND WILL NOT BE ACCEPTED WITHOUT YOUR SIGNATURE.

Signature _____

Date _____

Notification of Acceptance: The individual graduate program will notify applicants of its decision.

With respect to admission and education of students, Texas A&M University-Corpus Christi shall not discriminate either in favor or against any person on the basis of race, creed, color, sex, age, national origin or disability.

3. SUMMARY OF EDUCATIONAL EXPERIENCE

Beginning with the 10th year of formal education, complete the following educational ladder:
(Include any school you are presently attending. Use additional sheet if necessary.)

Name of school and location	Years of attendance		Degree, title, or certificate	Year earned or expected
	month/year	month/year		
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

4. PAYMENT

Please enter amount from TOTAL line at the end of section 2: _____

From WITHIN the United States:

- I am enclosing my check drawn on a US bank, money order, or cashier's check made payable to FCSA.

From OUTSIDE the United States:

- I am enclosing my international money order or check drawn on a US bank made payable to FCSA.

From either within or outside the United States:

- Please bill my credit card: VISA MasterCard American Express

Name on card: _____

Credit card #: _____ Exp. date: ____/____/____

5. REFERRAL INFORMATION

Please tell us who referred you and the purpose of your evaluation. Check as many from the list at right that apply.

ESLI

Name of referring party _____

- Employment/H1 Visa
 University admission: University **TAMUCC**
 Teacher certification: State _____
 Board or agency: Name _____
 Immigration
 Other _____

6. WHAT TO SUBMIT

1. REQUIRED DOCUMENTS, STANDARD APPLICATION FCSA requires that most clients submit LEGIBLE PHOTOCOPIES of all original educational documents: final degrees, diplomas, and certificates plus full transcripts/marksheets/academic records showing all subjects studied, examinations, and grades. A standard FCSA requires the following:

- Legible photocopies of ALL necessary academic documents.
- Certified English language translations, if necessary. Spanish may be self-translated.
- Appropriate payment.
- Signature at the bottom of this form.

2. REQUIRED DOCUMENTS, EVALUATION FOR BOARD LICENSURE Clients submitting evaluations to licensure boards need to visit our website (www.fcsa.biz/board) for more detailed instructions and contact the board directly. Many boards require that you submit academic documents sent in a sealed envelope from the institution of origin. You can also get information on board applications by emailing info@fcsa.biz or calling 512-459-8428. If you are applying for board licensure, it is essential that you contact the board as well as making an application to FCSA.

3. TRANSLATIONS Certified word-for-word English translations must accompany all foreign language documents. If your document is in Spanish, you or a friend or family member may translate it.

7. COMMENTS

Use this space to provide FCSA with additional information that could be useful in your credentials evaluation.

8. SIGNED STATEMENT

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read the instructions and conditions and agree to the terms stated therein. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. I release Foreign Credentials Service of America from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation.

Signature of Application _____ Date _____

Texas A&M University - Corpus Christi

Sponsor's Financial Guarantee

Name of Student: _____
(Family Name) (Given Name)

Date of Birth of Student: (Month/Date/Year): _____

I certify that I am financially able and willing to support the above mentioned student while he/she is pursuing a course of study at Texas A&M University - Corpus Christi. I hereby guarantee to provide sufficient funds to pay for the tuition, fees, medical insurance, living and personal expenses of the student while studying at Texas A&M University - Corpus Christi.

Signature of Sponsor: _____

Relationship to Student: _____

Date: _____

_____ family members will accompany student

Name	Relationship	Date of Birth	Country of Birth

An additional US\$2,400 per month for each dependant will be required in financial support documents.

An original bank letter or statement of account must be attached to this form providing evidence of funds available to meet the expenses of the student.

On-campus housing application at TAMUCC

Date: _____/_____/_____ **ESLI STUDENT**

Name: _____ Gender: male female

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

TAMU-CC Banner ID#: A _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Current telephone: (____) _____

Cellular telephone: (____) _____

Driver's license #: _____ State: _____

University standing: freshman sophomore junior
 senior graduate faculty/staff

Participant in any University Programs: _____

Have you ever been convicted of a felony? yes no

Parent/guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Email: _____

Other emergency contact: _____

Relationship: _____

Telephone: (____) _____

I wish to reside in the following accommodation: (list 1,2,3, etc. in order of preference in the boxes below)

Please select only those options to which you are willing to accept assignment.

<input type="checkbox"/>	residence hall – 2 bdrm non-private / shared bath (1R)
<input type="checkbox"/>	residence hall – 1 bdrm / suite bath (limited summer availability) (2R)
<input type="checkbox"/>	residence hall – 1 bdrm / private bath (limited summer availability) (3R)
<input type="checkbox"/>	apartment - 1 bdrm / 1 bath studio – single occupancy (1A)
<input type="checkbox"/>	apartment - 1 bdrm / 1 bath – shared bedroom (2A)
<input type="checkbox"/>	apartment - 2 bdrm / 1 bath – private bedroom (3A)
<input type="checkbox"/>	apartment - 4 bdrm / 2 bath – private bedroom (4A)

i am requesting to be placed in Honors Housing*

* assignment made based on space available and certification of program acceptance.

i am requesting to reside in substance free housing^

^ available only in select units (Residence Hall Suite, 4 bedroom and 2 bedroom style).

I am requesting the following lease term, beginning year _____:

A Rate	B Rate
<input type="checkbox"/> august – august <input type="checkbox"/> june – august	<input type="checkbox"/> august – may
<input type="checkbox"/> january – august	<input type="checkbox"/> january – may

Roommate(s) preference (Name, & Banner ID) 1: _____ ID# _____
 2: _____ ID# _____ 3: _____ ID# _____

(In order for roommate requests to be considered, the requests must be mutual. Requests do not guarantee a match.)

On-campus housing application at TAMUCC

Personal habits:	yes	no	no preference
I object to late night activity (after 11pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud noise disturbs me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to have guests visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am ok sharing my “stuff” with my roommate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to get involved with the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*smoking is not allowed in any Camden Miramar building.

Are you? neat casual messy

Describe any special accommodations needed: _____

Rental application criteria: All applicants must complete the on-campus housing application

In order to reside in our community, we require each applicant to meet certain rental criteria. Before you complete an On-Campus Housing Application, we encourage you to review these requirements to determine if you are eligible.

Please note that these are our current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents currently residing in our community have met these requirements. There may be residents that have resided here prior to these requirements going into effect; therefore, existing residents met the qualifications required at the time they were approved.

- A. ON-CAMPUS HOUSING APPLICATION** – Applicants must submit an on-campus housing application and pay a \$200 nonrefundable administrative fee which will become nonrefundable and applied towards the Administrative Fee due under applicant’s lease if applicant’s application is accepted. Applicant acknowledges that the Administrative Fee is: (i) not a security deposit or an advance payment of rent or any other fees or charges; and (ii) an estimated amount calculated to offset the actual and potential costs of the Owner for application processing and database management. All information requested on the on-campus housing application must be complete. Failure to provide such requested information may delay assignment process or invalidate the on-campus housing application. Roommate requests must include requested roommate(s) name and social security or Banner ID number.
- B. LEASE GUARANTY - (1)** Applicants must submit a Lease Guaranty form with On-Campus Housing application. **(2)** Lease Guarantor must be a parent, guardian or approved consenting adult. **(3)** Lease Guaranty form must be accompanied by a copy of the driver’s license of the Lease Guarantor. **(4)** In lieu of Lease Guarantor, applicant must submit an application deposit (which will be used as a security deposit when applicant signs a lease).
- C. AMENITY FEE** - Applicant will be required no later than the time of lease execution, to make payment of an Amenity Fee. The Amenity Fee will be a one time fee during the term of the Lease to offset the Owner’s costs associated with providing laundry services which are available to residents. The amount of the Amenity Fee will be in accordance with the following schedule: (i) if the lease term is from August through May (being both Fall and Spring semesters), the Amenity Fee will be \$108.00; (ii) if the lease term is from August to August a(for a full year), the Amenity Fee is be \$138.00; (iii) if the lease term is from January through May (the Spring semester), the Amenity Fee will be \$54.00; (iv) if the lease term is from January through August (the Spring semester and the Summer term), the Amenity Fee will be \$84.00; and (v) if the lease term is from June through August (the Summer term), the Amenity Fee will be \$30.00.
- D. UNIVERSITY ADMITTANCE** – Applicants must be admitted to Texas A&M University – Corpus Christi prior to eligibility for assignment. Residents must be enrolled and taking classes

On-campus housing application at TAMUCC

during the fall or spring semesters. Summer residents are not required to be admitted nor enrolled in summer semester classes.

- E. FALSE INFORMATION** - Any falsification of information on the application will automatically disqualify the application and all deposits, administrative fees and prepayment monies will be forfeited, per the cancellation policy.
- F. HOUSING PAYMENT OPTION FORM** – If the applicant is utilizing financial assistance to cover housing costs, the applicant must submit a completed Housing Payment Option Form to the Camden Miramar office. Housing Payment Option Form will not be accepted after the deadline stated on form. Additionally, please note that no deferment of the Confirmation Prepayment or waiver of applicable late fees shall be granted except by specific written authorization of Camden Miramar Management.
- G. CANCELLATION OF APPLICATION** – If the applicant finds it necessary to cancel their application for residency, the confirmation prepayment will be refunded provided that written cancellation is submitted to Camden Miramar at least 60 days prior to move-in. Within 60 days of move-in, \$100 of the confirmation prepayment will be refundable with written notice of cancellation provided: **(1)** The applicant has not signed a Camden Miramar Lease Contract and Community Policies and; **(2)** Camden Miramar has not initiated notification to the applicant of assignment to a guaranteed permanent assignment.
- G. CRIMINAL HISTORY-** Applicant must not have been convicted or received deferred adjudication for any felony offense, a sex-related offense, a class A misdemeanor offense classified as an offense against a person or any drug-related offense (felony or misdemeanor). Please remember that this requirement does not constitute a guarantee or representation that residents currently residing in our community have not been convicted of a felony, deferred adjudication for a felony or crime against a person.
- H APPLICATION ASSIGNMENT PROCESS** – Applicants are assigned a bed at Camden Miramar. Apartment assignments will be assigned an individual bedroom within an apartment area. The common areas (including living room, kitchen, bathroom, outside patio and outside storage) of the apartment will be shared by assigned roommates. Residence Hall assignments will be assigned a bedroom area. The common area, bathroom, will be shared by an assigned suitemate. Camden Miramar reserves the right to change assignments at any time.
- I ASSIGNMENT PACKET** – Once an applicant has been accepted and a space assignment has been made, the applicant will be mailed an assignment packet. Included in the assignment packet will be the Camden Miramar Lease Contract and Community Policies and other informative documents. Applicant will be required to initial, sign and return the Camden Miramar Lease Contract and Community Policies within 5 business days after receipt of the Assignment Packet. If the Camden Miramar Lease Contract and Community Policies are not returned within 15 business days after delivery, the assignment may be subject to cancellation upon us giving applicant written notice at any time prior to receipt of the executed Camden Miramar Lease and Community Policies. Due to time restrictions, assignments made within 21 days prior to move in will not have an Assignment Packet mailed. These applicants are required to pick up the Assignment Packet, once available, prior to move in at the Camden Miramar office. If applicant is not able to pick up the Assignment Packet prior to move in, it may be completed at check in. Provided, however, no applicant will be allowed to move into our community unless and until all required documents (including the Camden Miramar Lease, the Community Policies, the Lease Guaranty and any other required documents) are fully executed by the appropriate parties.

On-campus housing application at TAMUCC

J CONFIRMATION PREPAYMENT – In the event that applicant has been accepted and guaranteed a bed (identified as an assigned space) at Camden Miramar, applicant agrees to pay a \$200 confirmation prepayment upon the later of: (I) the date of this application; or (ii) the date that is 60 days prior to the beginning date of the term of the Lease Contract. The confirmation prepayment will be applied to rent at the time applicant moves into an assigned space. If applicant fails to pay the confirmation prepayment when due or fails to move into an assigned space as prescribed by the lease, applicant will be deemed to be in violation of the lease and Camden Miramar shall have the right, but not the obligation, to pursue all rights and remedies under the lease and applicable law including terminating applicant’s right to occupancy. Additionally, if applicant pays the confirmation prepayment but fails to move into an assigned space as prescribed by the lease, Owner shall have the right to retain \$100 of the confirmation payment as liquidated damages associated with applicant’s default of this application and the lease. The parties agree that the amount forfeited by applicant is a liquidated amount covering only part of the Owner’s damages in connection with the Owner’s time, effort and expense resulting from applicant’s failure to move into an assigned space as required by the lease.

This company and this community comply with all applicable fair housing laws. The undersigned applicant(s) hereby consent to allow **Camden Miramar**, itself or through its designated agents and its employees, to obtain a consumer report and criminal record information on me and to obtain and verify my credit and employment information for the purpose of determining whether to lease an apartment to me. I also agree and understand that owner and its agents and employees may obtain additional consumer reports and criminal record reports on me in the future to update or review my account. Upon my request, owner will tell me whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

Payments due:

At time of application \$200 *Administration fee.*

60 days prior to move-in \$200 *Confirmation prepayment. (if applying within 60 days of move-in administration fee and prepayment are due at time of application)*

By signing this application, applicant acknowledges that applicant has had the opportunity to review the Owner’s resident selection criteria. The resident selection criteria may include factors such as criminal history, credit history, current income and rental history. If applicant does not meet the selection criteria, or if applicant provides inaccurate or incomplete information, this application may be rejected and applicant’s application fee will not be refunded.

I have completed the on-campus housing application and read and understand the Rental Application Criteria.

_____ Applicant

_____ Camden Representative

_____ Date

_____ Date

instructions: Please return a completed on-campus housing application and rental criteria along with requisite deposits, fees and prepayments to Camden Miramar, 6515 Ocean Dr, Corpus Christi, TX 78412. We encourage you to keep a copy of the on-campus housing application and rental application criteria for your records.

LEASE GUARANTY

This Lease Guaranty (this "Guaranty") is made and entered into by the undersigned (the "Guarantor") in favor of Camden Property Trust d/b/a Camden Miramar (the "Owner") upon the terms and conditions stated herein. The purpose of this Guaranty is to express the terms upon which Guarantor will guarantee certain obligations of (print applicants name) _____ (the Resident") under the Lease Contract (the "Lease") dated _____ whereby Resident has leased an Apartment (the "Premises") in Owner's apartment community. For and in consideration of the mutual promises contained herein and in the Lease and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Guarantor agrees as follows:

1. **Guarantor's Representations.** Guarantor represents that: (i) Guarantor has reviewed the Lease and any addenda thereto or documents to the extent Guarantor deems appropriate and understands that Owner's desire to enter into the Lease with Resident is expressly made conditional upon Guarantor's execution of this Guaranty; and (ii) that all information submitted in Resident's Rental Application and provided below was and is true and complete and authorizes the verification of same and the performance of a credit check on Guarantor by any means. Guarantor acknowledges that false information contained in Resident's Rental Application may constitute grounds for rejection of Resident's Rental Application, termination of Resident's right of occupancy and non-return of deposits. Guarantor further acknowledges that an investigative consumer report including information as to character, general reputation, personal characteristics and mode of living, whichever are applicable, of the Guarantor may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's rights under The Fair Credit Reporting Act. **GUARANTOR HEREBY AUTHORIZES OWNER OR OWNER'S AGENTS TO OBTAIN AND HEREBY INSTRUCTS ANY CONSUMER REPORTING AGENCY DESIGNATED BY OWNER OR OWNER'S AGENTS TO FURNISH A CONSUMER REPORT UNDER THE FAIR CREDIT REPORTING ACT TO OWNER OR OWNER'S AGENTS TO USE SUCH CONSUMER REPORT IN ATTEMPTING TO COLLECT ANY AMOUNTS DUE AND OWING UNDER THE LEASE OR THE GUARANTY OR FOR ANY OTHER PERMISSIBLE PURPOSE.**

2. **Guaranty of Obligations.** Guarantor hereby individually and unconditionally guarantees to Owner the full, punctual and complete performance by Resident of all obligations of Resident to Owner including, but not limited to, obligations contained in the Lease, extensions or renewals of the Lease, when Resident transfers to a different apartment unit within the Owner's apartment community or when rent or other charges are increased in accordance with or after the stated term of the Lease. Guarantor agrees that Guarantor shall be personally bound by and personally liable for all obligations of Resident as if Guarantor executed the Lease or other documents giving rise to Resident's obligations. In the event Resident fails to comply with any obligations under the Lease or such other documents or in the event the Lease is declared invalid or void as a result of Resident's age or otherwise, Owner may recover any damages or other charges including, but not limited to, rent, late charges, property damage, repair costs, utility payments and all other sums which may become due under the Lease from Guarantor, as if Guarantor executed the Lease as Resident, whether or not Owner seeks recovery from Resident. Guarantor waives: (i) any right to require Owner to proceed against Resident; (ii) any defense by reason of any disability of Resident or any other defense based on the termination of Resident's liability for any reason; (iii) any right to presentment, demand for performance, notices including notices of nonperformance, protest, dishonor, acceptance of this Guaranty or the existence, creation or renewal of any obligations; and (iv) any benefit of any statute of limitations affecting Guarantor's liability under this Guaranty. Notwithstanding Guarantor's guarantee of the obligations of Resident as described herein, Guarantor expressly recognizes that Guarantor shall have no right to possession of the Premises identified in the Lease or any other apartment unit in the Owner's apartment community and that this Guaranty creates no obligation on Owner to provide any benefits whatsoever to Guarantor. Owner may report unpaid rent, damages or other charges owed by Resident (and consequently by Guarantor) to the applicable credit reporting agencies for recordation on Guarantor's credit record.

3. **Notice.** Guarantor acknowledges that Owner shall have no obligation to provide Guarantor with any type of notice of default or any notice whatsoever as a prerequisite or condition to Guarantor's liability after an event of default by Resident under the Lease or such other document giving rise to Resident's obligations.

Additionally, Guarantor acknowledges that Owner shall have the right to terminate the Lease or such other document or terminate Resident's right to possession without terminating the Lease or such other document pursuant to the terms of the Lease, such other document and applicable law after an event of default by Resident without the necessity of providing Guarantor with any notice. Guarantor expressly waives the right to receive any such notice from Owner. Notwithstanding the foregoing, Owner shall have the right, without the obligation, to provide notice to Guarantor with respect to any event of default either at the address of the Premises or the address identified below, which is Guarantor's permanent mailing address:

EXECUTED as of the date of the Lease.

Guarantor's Name: _____ Gender: male / female _____

Relationship to Lease holder: _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Signed: _____
Signature of Guarantor (not the Resident)

This form requires a copy of Guarantor's Driver's License or government photo I.D. be attached to be valid.

Date of TAMUCC Enrollment _____
mo day yr

TAMUCC Student Immunization Form

Texas A&M University - Corpus Christi policy require students to document immunizations in English for the following diseases. If you intend to enroll at the University, please complete and return this form to TAMUCC ESLI prior to the start of your first semester. Call 361-825-3435 if you have questions.

Name _____ University ID No. _____
Last First Middle
Permanent Address _____ Phone _____
City _____ State _____ Zip _____ Date of Birth _____
Month Day Year

Note: MMR vaccine is recommended to provide protection against measles, mumps and rubella

Rubeola: (ten day measles): Must have the following:

Two immunizations required **at least thirty days apart** (after 1967 & not before first birthday)

1st immunizationmonth/day/year received ____/____/____

2nd immunization.....month/day/year received ____/____/____

Or measles titer.....month/day/year tested ____/____/____ Results _____

Or physician-diagnosed measles disease.....month/day/year diagnosed ____/____/____

Vaccine not required if born before January 1, 1957 _____ (Please check only if applicable)

Mumps: Must have one of the following:

One immunization (not before first birthday).....month/day/year received ____/____/____

Or mumps titer..... month/day/year tested ____/____/____ Results _____

Or physician-diagnosed mumps disease.....month/day/year diagnosed ____/____/____

Vaccine not required if born before January 1, 1957 _____ (Please check only if applicable)

Rubella: (German/three day measles): Must have one of the following:

One immunization (not before first birthday).....month/day/year received ____/____/____

Or rubella titermonth/day/year tested ____/____/____ Results _____

Physician-diagnosis rubella disease not acceptable.

Vaccine not required if born before January 1, 1957 _____ (Please check only if applicable)

Tetanus/Diphtheria: TD booster within last 10 years required (Tetanus alone not acceptable)

Immunization.....month/day/year ____/____/____

Tuberculin Skin Test (TB)(Mantoux only): **Administered at TAMUCC** for International Students

Date given ____/____/____ Date Read ____/____/____ Results _____ mm duration

Signature of physician or registered nurse reading test _____

Chest x-ray required if reading 10mm or greater: Date of chest x-ray _____ Results _____

Meningococcal Conjugate (MCV4) (Meningitis) **REQUIRED at least 10 days prior to moving on campus**

One immunization.....month/day/year received ____/____/____

Physician's Signature: Note: If not signed by a physician/registered nurse, you **must** provide proof of documentation

Name (print): _____ Signature: _____

Address: _____

Phone: _____ FAX: _____

Over - Medical Contraindication Statement
Medical Contraindication Statement

The individual identified on this form has been diagnosed with a medical condition which precludes receiving the following vaccines:

Vaccine	Medical Contraindication* of Vaccine	Probable Duration of Contraindication

It is understood that in the event the disease (except tetanus) for which this exemption requested occurs on campus, the individual will be excluded from all campus activities until Public Health Authorities declare the threat of disease has ended. This action will be taken to prevent the spread of disease to the individual who cannot medically receive the vaccine.

Note: Name, address, phone and signature of physician or clinic required to validate medical contraindication:

Name

Address

Phone

FAX

Signature

*** Medical Contraindication to Vaccine must be in accordance with recommendations of Advisory Committee on Immunization Practices listed below:**

General Contraindications

1. Anaphylactic reaction to a vaccine contraindicates future doses of the vaccine
2. Anaphylactic reaction to a vaccine substance contraindicates the use of vaccines containing that substance

Contraindications to MMR

1. Anaphylactic reaction to eggs or neomycin*
2. Pregnancy
3. Known altered immunodeficiency (hematologic and solid tumors, congenital immunodeficiency, or long term immunosuppressive therapy)
4. Measles vaccine should not be given for at least six weeks (preferably three months) after a person has received IG, whole blood, or other antibody containing products

Contraindications to TB (Mantoux) skin test

1. Students having recent viral infections or live virus vaccines (i.e. MMR). To obtain an accurate result when infection is strongly suspected, it is best to repeat testing several weeks after the illness, and 4-6 weeks after administration of the vaccine.
2. Past documented history of positive Mantoux. Chest x-ray required.

* Vaccinate only with extreme caution. Consult protocols for vaccinating such persons (J Pediatrics 1983; 102:196-9 and JPediatrics 1988; 113:504-6)

Consent For Treatment

Date _____

1. I, _____, (the) _____
(Name of person giving consent) (relationship to patient)

of _____
Name of Patient SS or Student ID # of Patient

hereby voluntarily consent to outpatient care encompassing routine diagnostic procedures, examinations, and medical treatment. This may include (but is not limited to) routine laboratory work, x-rays, administration of medications, inpatient and emergency care as needed.

2. I further consent to the performance of those diagnostic procedures, examinations, and the rendering of medical treatment by the office staff and their assistance as directed by the provider.

3. I authorize Student Medical Services to release medical information to third party insurance carriers for the purposes of filing insurance claims related to his/her medical care if applicable. I authorize Student Medical services to release any medical information to other physicians or medical providers as directed by the Student Medical Services Department. I authorize the release of medical information about his/her treatment to any other physician, provider or facility designated by me.

4. I understand that this consent form will remain in effect as long as the patient is a minor.

5 This form has been fully explained to me and I understand its contents.

Patient is a Minor _____ years of age. Date of birth _____

Signature of Legal Guardian

Witness



USA



CANADA

Eastern University
 McNeese State University
 New Mexico Tech
 Texas A&M University – Corpus Christi
 University of Southern Indiana
 West Texas A&M University
 Western Kentucky University
 Bowling Green Community College at
 Western Kentucky University

4528 Humphrey Hill Road
 Sedro Woolley, WA 98284

Email: esli@esli-intl.com
 Website: www.esli-intl.com

TEL: 360-724-0547
 FAX: 360-724-0548

Trinity Western University
 Langley, British Columbia

Redeemer Pacific College
 Langley, British Columbia

ESLI

CREDIT CARD AUTHORIZATION

NAME OF STUDENT: _____

I authorize ESLI to debit on my credit card details as follow:

CREDIT CARD HOLDER: _____

() MASTERCARD () VISA () AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

SECURITY CODE (3 digits): _____

EXPIRATION DATE: _____

ZIP CODE: _____

The amount of \$ _____

That refers to the payment of the enrollment fee at the ESLI Language Center.

 Credit Card Holder's Signature

 City, and Date