



Special Summer Program
Application for Admission to Western's English as a Second Language Program
(WESL Institute Only)

WESL Institute
Center for International Studies
Western Illinois University
1 University Circle
Macomb Illinois 61455
USA

Phone 309.298.2426
Fax 309.298.2405
E-mail International-Ed@wiu.edu

Application must be typed.

Due April 1, 2009

Full Name (Please attach copy of passport photo page, if available.) U.S. Social Security No. (if applicable) _____

Last (Family/Surname)	First (Given/Personal Name)	Middle Name
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Date of Birth ____/____/____ Gender Male Female
month day year

City and Country of Birth _____ Country of Citizenship _____

University Currently Attending _____
University Name City Country

Permanent Home Mailing Address _____
Number & Street Name or Post Office Box Number

City	Province, State, or Region	Country	Postal Code
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Telephone _____ Fax _____
Country Code, City/Area Code, Number Country Code, City/Area Code, Number

Current Mailing Address (if different from above) _____

City	Province, State, or Region	Country	Postal Code
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Telephone _____ Fax _____
Country Code, City/Area Code, Number Country Code, City/Area Code, Number

E-mail Address _____

Whom to Contact in an Emergency:

Name	Relationship to Applicant
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Number & Street Name or Post Office Box Number

City	Province, State, or Region	Country	Postal Code
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Telephone _____ Fax _____ Email Address _____
Country Code, City/Area Code, Number Country Code, City/Area Code, Number

I understand admission to the WESL Institute does not guarantee admission to Western Illinois University upon successful completion of WESL. I certify that all information on this application and all credentials submitted are complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____