	DATE OF APPLICATION//
OAKLAND UNI\	VERSITY ESL INSTITUTE APPLICATION
CONTINUING EDITO	CATION UNITS (CEUS) NON-CREDIT ESL COURSES

LEGAL NAME (As shown on passp		141001.511414	_	OFLIBED	
LAST NAME (family name/surname)	FIRST NAME	MIDDLE NAM	<u> </u>	GENDER	
NUMBER, STREET, APT. Current Ma	ailing Address				
CITY STAT	TE/PROVINCE	OVINCE COUNTRY		ZIP/POSTAL CODE	
CITY	E/PROVINCE	COUNTRY	ZIF/FUS	ZIF/FOSTAL CODE	
			•		
COUNTRY OF BIRTH	COUNTRY OF CITIZE	JNTRY OF CITIZENSHIP		NATIVE LANGUAGE	
EMAIL ADDRESS (please print):	PHONE NUMBER	PHONE NUMBER		DATE OF BIRTH (month/ day/ year)	
7					
Semester	8-week terms do you plan to attend? (Circle one) Semester (Check calendar for specific dates)		I plan to attend (check all semesters you wish to		
	·	take courses):		
Fall I (Septem	ber and October)				
	Fall II (November and December)				
	ary and February)				
Winter II (Marc	. ,				
Summer I (Ma	,				
Summer II (Ju					
*F-1 visa hol	ders must attend 4 session	ns to be eligible for a va	cation semester.		
ave you previously applied to Oak	and University? No	Yes <a> If yes, what	year?	_	
		·			
e you a/an (check one):					
International Student	IIS Perma	nent Resident	IIS Citize	n	
international olddeni	0.0.1 cm/c		0.0. 011120		
EAD BEFORE SIGNING: I unders is representation of any portion of appointment.					