

FOR OFFICE USE ONLY
 Date Rec'd _____ Fee Rec'd _____
 By _____

Please attach passport sized photo here.



APPLICATION FORM

TYPE OR PRINT ALL ITEMS

Admission requested to begin? Fall Spring Summer Year 2007

Name Herrmann Waltraud I
 Family / Surname Given Name Middle In. Maiden (if married)

CURRENT CONTACT INFORMATION

Present Address Kaiser Friedr. Str. 3
 City Wiesbaden State/Province Hessen Zip 65197 Country Germany
 Daytime Telephone (66) 123-456 Nighttime Phone () same
 Mobile () none E-mail wal-her@global.de
 Permanent / Parent's Address same as above
 City _____ State/Province _____ Zip _____
 Telephone () _____ Country _____
 Person to contact in case of emergency Hch. Herrmann
 Name Phone Number
 How did you hear about ELI 360? friend

PERSONAL

Gender: Male Female Date of Birth: 12 Day 7 Month 87 Year Age 19
 Marital Status: Single Married Separated Divorced Widowed
 If married do you plan to bring your family? Yes No - If yes, please fill out the table below.

Family Name	First Name	Date of Birth	Country of Citizenship	Country of Birth	Relationship to Student

Religious Preference Christian

Personal History:
 Have you used or are you currently using illegal drugs? Yes No
 Have you ever been arrested? Yes No If yes, when (month/year) _____
 Were you convicted? Yes No
 Attach an explanation on a separate sheet for any problems with legal authorities.
 What university are you applying for? LCU
 Date graduated from high school 2006

EDUCATION

High School name Elly Heuss Schule Date Attended 1999-2006
 Did you graduate? Yes No
 University name _____ Date Attended _____
 Did you graduate? Yes No
 Course of study/degree _____

Other _____ Date Attended _____
Did you graduate? Yes No
Course of study/degree _____

What do you wish to apply for now? High School Intensive English (ESL)
 Bachelors Masters Doctoral Studies

What is your field of interest (major)? education
What is your first language? German Other language? English/Spanish

EMPLOYMENT EXPERIENCE

Present employer: _____

Address of employer: _____

Dates (from/to): _____ Duties performed: _____

PASSPORT INFORMATION

Country of Citizenship: Germany Passport Number: _____

Country of Issue: Germany Place of Issue: Frankfurt

Issue Date: 12-12-1998 Expiration Date: 12-12-2008

Country and city of Birth: Germany, Wiesbaden

RECORD OF FORMAL TESTS

If you have taken one or more of these tests (TOEFL, ACT, SAT, etc.), fill in the score and the date on which it was taken. Submit official copies of each test you have taken as well as your official transcript(s). Official transcripts must be sent from your high school and/or university directly to ELI 360 or, alternatively, the school Registrar may seal them in a school envelope and sign his/her name along the seal. You may then mail the sealed transcript(s) along with your application packet.

	TOEFL	Verbal	GRE Quantitative	GMAT	MAT	SAT Composite	ACT Composite
Score	<u>240</u>					<u>1860</u>	
Date	<u>Jan'06</u>					<u>Dec 2, 2006</u>	

Your application will be considered by qualification without regard to race, color, sex, creed or national origin.

Mail all forms to:

Experience Life International
Admissions Administrator

Corporate Office
733 Parsons Road
Abilene, TX 79602-1942
USA

Tel: 325.437.2827
Fax: 325.673.1546

Email: ellen_presley@eli360.com

Please read the following agreement and sign below in ink.

AGREEMENT

I hereby certify that I have read the statement of Objectives and Standards. I accept them, including observance of the specific standards of conduct stated therein. If admitted into one of the institutions represented by ELI 360, I agree to uphold the ideals and the rules of conduct of the institution I attend as explained in their Student Handbook.

Signature Waltraud Herrmann
Date Jan 1 2007

Notice: Conditional admission for undergraduate study is occasionally granted if TOEFL or other test scores are below required level.



STATEMENT OF PURPOSE

Experience Life International, Inc.

This section must be completed by applicant.

Date May, 1, 2007 Applicant's Name Waltraud Herrmann

Present Address Kaiser Friedr. Str. 3 Wiesbaden

Telephone (66) 123 - 456

Signature of Applicant: Waltraud Herrmann Date: May 1 2007

Please type or print legibly.

1. Give a brief description of your life and educational experience. Include your goals after finishing your university degree. PLEASE LIMIT YOUR ESSAY TO 150 WORDS.

My essay is attached.

2. Briefly explain why you want to attend a university in North America and what you hope to accomplish during your studies at the university.

My essay is attached.



PROFESSIONAL RECOMMENDATION

Experience Life International, Inc.

This section must be completed by applicant.

To the applicant: This recommendation should be completed by a high school or college teacher or counselor or an employer and mailed directly by him/her to the Admissions Administrator. Alternatively, the recommender may place this completed form in an envelope, seal it and sign across the seal for you to mail along with the completed application. This person may not be a relative.

Date May 1, 2007 Applicant's Name Waltraud Herrmann

Present Address Kaiser Friedr. Str. 3 Wiesbaden
(street apt) (city)

CONFIDENTIALITY

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purposes for which it was prepared.

Yes No

Signature of Applicant: Waltraud Herrmann Date: May 1 - 2007

To the Recommender

The individual named above has applied for a program of study with a high school or university represented by ELI 360. Serious consideration will be given to your comments. Thank you for your assistance.

1. How long have you known the applicant? (Must be six months or longer.)
2 In what capacity? Student

2. How well do you know him/her (please check one.)

Very well Fairly well, numerous personal contacts
 Casually, few personal contacts By name/sight

3. How would you rate this applicant on academic or job performance?
 Excellent Good Fair Poor Do not know

4. How would you rate this applicant's ability to adapt to different cultures, customs and social norms?
 Excellent Good Fair Poor Do not know

5. How would you rate this applicant's judgment?
 Excellent Good Fair Poor Do not know

6. How would you rate this applicant's motivation?
 Excellent Good Fair Poor Do not know

7. How would you rate this applicant's personal maturity?
 Excellent Good Fair Poor Do not know

8. How would you rate this applicant's ability to cope with difficulties?
 Excellent Good Fair Poor Do not know

9. How would you rate this applicant's leadership skills?
 Excellent Good Fair Poor Do not know

Among all the students/employees you have had, how would you rate this applicant on a combined measure of academic/professional and personal performance?
 Top 10% Upper 25% Upper 50% Lower 50%

Please use the space below or additional pages to add any information that you feel would help ELI 360 and the high school or university gain a better understanding of this applicant.

Miss Herrmann has demonstrated her ability to succeed academically even under great stress. She will prove to be an asset to your student body.

I recommend this applicant without reservation.

I recommend this applicant with reservation (if so, please comment)

I do not recommend this applicant.

Signature: Fred Merrill Date: 1-2-07

Printed name: Fred Merrill Title: Teacher and Dept. Chair

School / Company Name: Elley Heuss Schule

Email address: merrillf@ehs.edu

Experience Life International
Admissions Administrator

Corporate Office
733 Parsons Road
Abilene, TX 79602-1942
USA

Tel: 325.437.2827
Fax: 325.673.1546

Email: ellen_presley@eli360.com



STUDENT MEDICAL FORM

Experience Life International, Inc.

Instructions: A history of disease and a physical examination are required for every applicant. Applicants are required to complete this medical history and have a physical examination done before the file is reviewed by the Admissions Administrator.

Personal Information

Name Herrmann Waltraud I
 Family / Surname Given Name Middle In. Maiden

Gender: Male Female Date of Birth 12 / 7 / 87 Age 19
 Day Month Year

Current Contact Information

Present Address Kaiser Friedr. Str. 3

City Wiesbaden State/Province Hessen Zip 65197

Daytime Telephone () 123-456 Country Germany

Nighttime Phone () _____ Mobile () _____

E-mail wal_her@global.de

Parent or Guardian:

Name _____ Telephone () same

Address same

City _____ State _____ Zip _____

Family Physician:

Name Dr. W. Studee Telephone () 432-0701

Address Mainzer Str. 12

City Wiesbaden State Hessen Zip _____

History of Diseases

Please mark any of the following which apply.

Past	Now		Past	Now		Past	Now		Past	Now	
		Asthma			Thyroid disturbance	<input checked="" type="checkbox"/>		Chicken Pox	<input checked="" type="checkbox"/>		Smallpox
		Hayfever			Convulsions			Measles			Whooping cough
		Frequent colds			Palpitations of heart			Measles, German (Rubella)			Scarlet Fever
		Persistent cough			Shortness of breath			Mumps			Typhoid fever
		Spitting of blood			Swelling of feet			Tonsillitis			Pleurisy
		Eye trouble			Frequent headaches			Rheumatic fever			Malaria
		Ear trouble			Insomnia			Diabetes			Infantile

Nasal obstruction
Fainting or dizzy spells
Skin trouble
Constipation

Nervousness
Frequent urination
Joint trouble
Indigestion

Epilepsy/convulsions
Stomach ulcer
Tuberculosis
HIV +/- AIDS

paralysis (polio)
Appendicitis
Syphilis
Gonorrhea

Have you had a skin test for tuberculosis? ___ Yes No
Date Administered: _____ Results: ___ Positive ___ Negative

Have you been associated with a tuberculosis patient? ___ Yes No

Are you allergic to any antibiotics or other medications? ___ Yes No

Are you presently under a medical doctor's care? ___ Yes No

Are you taking prescription medicines? ___ Yes No If yes, what? _____

Have you suffered a nervous breakdown? ___ Yes No If yes, please explain: _____

Have you ever been under a doctor's care for an emotional disorder?
___ Yes ___ No If yes, please explain: _____

Immunization Record

	Date	Date	Date	Date
DTP	4/9/89			
TD or Tetanus	4/9/89			
Polio	18/7/87			
Rubeola (Measles)	15/3/88			
Mumps	18/7/87			
Rubella (German Measles)	18/7/87	15/3/88		

Health records will be held in strict confidence as with all other materials submitted in application with ELI 360. The applicant is to sign below that he/she has read this statement and thereby authorizes ELI 360 administration to release necessary health information to the institutions of application. (If applicant is under 18 years, he/she must have his/her parent or guardian co-sign.)

Walterrud Herrmann Date Jan 3, 2007
Applicant's signature

Heinz Herrmann Date 1-3-07
Parent/Guardian's signature

Dr. W. Shubert M.D.
1/5/2007



AFFIDAVIT OF SUPPORT

Experience Life International, Inc.

TYPE OR PRINT CAREFULLY ALL ITEMS:

This is to certify that I will assume full financial responsibility for the support of (print in space below the student's full name)

Waltraud Herrmann during the course of his/her studies in America.

Source of funds per year (write N/A if not applicable):

Family \$ 25,000
 Your government \$ _____ (If yes, include supporting documentation from your government)
 Your own savings \$ _____
 Other sponsor \$ _____

Your parent(s) and/or sponsor(s) must sign this form. **Your and their signatures must be witnessed by a notary, bank official, or other person who is authorized to administer oaths.** In addition, an original bank statement covering the last six (6) months must be received from your parent/sponsor to prove his/her ability to provide the support being guaranteed. If you are providing some support from personal funds, you must also submit a bank statement of your own account covering the last six (6) months.

Parent/Sponsor Signature Hch. Herrmann Date Jan. 15 2007

If not a parent, then relationship to student applicant: _____

STUDENT CERTIFICATION (must be signed by student):

I certify that the information given on this form is true and complete to the best of my ability. If my sponsor(s) fail to provide the funds indicated, I acknowledge that the high school or university I attend is under no obligation to support me and that it is probable that I will be unable to continue my education and will be required to return home.

Student Signature Waltraud Herrmann Date Jan 15, 2007

Name and Title of Witness to Signatures:

Name Henry Zuhar Title VP of Int. Comm Date 15/1/2007

Signature of Witness: Henry Zuhar