



Virginia International University
 4401 Village Drive
 Fairfax, VA 22030
 Phone: 703-591-7042
 Fax: 703-591-7048
 Email: registrar@viu.edu

ESL Completion Form

Use this form to notify the Registrar's Office that you will be completing **the Intensive ESL program**. Both the Academic Advisor's and the Student's signatures are required at the bottom of this form. You have to make a decision and complete this form by the **fifth Monday of the term** in which you are completing the ESL program. If your plans change, you need to fill out this form again and submit it to us immediately.

Last Name	_____	First, Middle (if any) Name	_____
ID Number	SEVIS/I-20 # _____ VIU ID # _____	ESL Level	_____
		Current Session	<input type="checkbox"/> Fall <input type="checkbox"/> Fall II <input type="checkbox"/> Spring <input type="checkbox"/> Spring II <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II

After completing the **Intensive English as a Second Language Program at VIU**, I intend to:

- Take TOEFL prep. courses / Other ESL courses
 (Complete the Program Extension Form and submit it to the ISS Office)
- Return to my home country
- Continue with an academic program at VIU:

 (Program and Concentration/Specialization)
- Other _____

I will take the exit test on: Thursday of Week 6 at 12:30 PM or Friday of Week 6 at 9 am

***Students will ONLY receive a Certificate of ESL Completion or Graduation if they take the exit test within six months of completion of the program.**

Student's Signature: _____	Date: _____
(Required)	
Academic Advisor's Signature: _____	Date: _____
(Required)	
Academic Advisor's Comments: _____	

SLS Office Use Only	Effective semester & year: _____
Student passed Level 800: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student took the exit test: <input type="checkbox"/> Yes <input type="checkbox"/> No
Received by: _____	Date: _____
Date Processed: _____	By: _____