

Building Educational Success Together

English Learning Institute 6320 Quadrangle, Drive Suite 200 Chapel Hill, NC 27517 Website: elinc.edu

Email: admission@elinc.edu Telephone: (919)833-9033

Reinstatement Form

This form should be filled out by students who have lost their F-1 status and need to reinstate in order to continue studying at ELI. Students who have lost their status and do not reinstate must leave the U.S. immediately!

Sect	ion 1		
Student Name:			
First	Middle	Family Name	
Student ID Number:	SEVIS ID: _		
Phone Number:	Email:		
Sect	ion 2		
1. When did your I-20 expire?/	/ 		
2. Which of the following describes the reason for your loss of status?			
□Natural disaster:			
□Serious Illness or injury:			
□DSO Oversight:			
□Failure to apply for RCL ahead of time			
□Other:			
Sect	ion 3		
Students that wish to reinstate must prove th tuition and all other expenses associated with answer the questions below.	•	2 2	
☐ I will be supporting myself as a student at *Please fill out Part A	the English Learn	ing Institute	
☐ I will be receiving support from a financia *Please proceed to Part B	l sponsor		



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A. Self-Supporting Students

Tuition, Room, and Board Information

Students need to show proof that they have enough funds to cover the total for 4 semesters of tuition, room, and board. Please keep in mind that we do not have on-campus work opportunities for our students to work, so make sure that any funds you mention that will be used to pay for your expenses will not include any expected work experiences here during your program start and end date.

Please submit a bank statement that shows a current balance of \$36,000 or more, plus the necessary funds for the dependents (if applicable), \$6,300 for spouse, and \$4,300 per child. The bank statement that is submitted must be on the bank letterhead and signed by an official.

I_______ confirm that I have the necessary funds to cover all costs while I study in the USA. I have attached supporting documentation to support my claim. I agree to pay for all the semesters during my program start and end date. I certify that the information I have provided on this form is accurate. I understand that providing any false information or concealing important information regarding my finances will result in dismissal from the program or the denial of application to ELI.

Signature: ______ Date: _____

B. Students with financial assistance (this section should be filed out by the financial sponsor(s)

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Signature:	Date:



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For ELI Office Use C	July	
Is the student eligible for reinstatement?	□Yes	□No
Is the student's record still active?	\Box Yes	$\square No$
Did the student submit the correct financial proof?	$\Box Yes$	$\square No$
Comments:		
ELI DSO Signature:	Date:/	/