



Fairfax University
of America

School of Language Studies
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Intensive ESL Completion Form

Use this form to notify the Registrar's Office that you will be completing (graduating from level 0800 or level completion) **the Intensive ESL program**. The academic advisor is required to sign the bottom of this form. Students need to make a decision and complete this form by the **fifth Monday of the term** in which they intend to complete their studies.

Last Name	_____	First, Middle (if any) Name	_____
Student ID Number	University ID # _____	Current ESL Level	_____
Date of Birth (MM/DD/YYYY)	_____	Country of Origin	_____
Are you on a student visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No SEVIS/I-20 # _____	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**, I intend to:

- Take more 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 the university: _____
(Program and Concentration/Specialization)
- Continue studying at another university: _____
(University, Program)
- 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: _____
Academic Advisor's Signature: _____ (Required)	Date: _____
Academic Advisor's Comments: _____ _____	

SLS Office Use Only	Effective end of term (TERM, YEAR): _____
• GRADUATE/DIPLOMA: Passed Level 800? <input type="checkbox"/> Yes <input type="checkbox"/> No	Took exit test? <input type="checkbox"/> Yes (attach results) <input type="checkbox"/> No
• LEVEL COMPLETION/CERTIFICATE Passed Level _____? <input type="checkbox"/> Yes <input type="checkbox"/> No	Took exit test? <input type="checkbox"/> Yes (attach results) <input type="checkbox"/> No
Date Processed: _____	By: _____