

 **Adams College of English**
2024 Student Application

Student Information

Full Legal Name (Last Name, First Name):			
Requested Start Date: / /	Current Visa:	Status: <input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input type="checkbox"/> Other	
Date of Birth: / /	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
City/Province of Birth:	Country of Birth:	Country of Citizenship:	
Home Country Address:			City:
State/Province:	Country:	Home Country Phone:	
Zip Code:			
U.S. Address:			City:
State/Province:	E-mail Address:		Phone:
Zip Code:			
Emergency Contact Name:	Emergency Contact Phone:	Relationship:	
High School Graduated:		College/University Graduated:	
Graduation Date:		Graduation Date:	
Do you need an I-20? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", how would you like to receive it? <input type="checkbox"/> Mail (\$100) <input type="checkbox"/> Pick-up	
Fees Information:			
Initial Students: ◆ Application Fee (\$150, non-refundable) ◆ SEVIS Fee (\$350) ◆ Mailing Fee (\$100, non-refundable, optional)			
Change of Status Students: ◆ Processing Fee (\$200)			
How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Ad <input type="checkbox"/> Internet <input type="checkbox"/> Agent <input type="checkbox"/> Other			

Which program are you applying for?

<u>Independent Programs:</u>
<input type="checkbox"/> TOEFL iBT Test Preparation Program - Reading/Listening/Speaking/Writing (Morning; 18 hours per week)
<input type="checkbox"/> ESL Program - Reading/Writing/Vocabulary & Listening/Speaking/Conversation (Morning; 18 hours per week)
<input type="checkbox"/> Afternoon ESL Conversation Program - CMAR & Idioms & Discussion (Afternoon; 18 hours per week)
<input type="checkbox"/> 2.5 Day ESL Conversation Program - CMAR & Idioms & Discussion (Morning & Afternoon; 18 hours per week)
<u>Combination Programs:</u>
<input type="checkbox"/> Option 1 or 2: ESL Program Reading/Vocabulary/Grammar & Listening/Speaking/Conversation + ESL Conversation CMAR
<input type="checkbox"/> Option 3 or 4: ESL Program Reading/Vocabulary/Grammar & Listening/Speaking/Conversation + ESL Conversation CMAR & Idioms
<input type="checkbox"/> Option 5 or 6: ESL Program Reading/Vocabulary/Grammar & Listening/Speaking/Conversation + ESL Conversation CMAR & Idioms & Discussion

Financial Information

What is your current bank balance? \$ _____ <input type="checkbox"/> Personal Funds? <input type="checkbox"/> Family Funds?
I, the below stated, assume full responsibility for all finances during the applicant's (or my) period of education at Adams College of English.
Name: _____ Signature: _____ Relationship: _____ Date: / /

All information on this Student Application is true and correct, and I understand if any information changes I must notify the school immediately, and that my enrollment will not be completed until I have submitted all required documents, paid required fees, and execute an enrollment agreement with Adams College of English.
Signature: _____ Date: _____/_____/_____