



2009 APPLICATION FOR ADMISSION

PART 1: APPLICANT INFORMATION (NOTE: ITEMS MARKED WITH * ARE REQUIRED FIELDS)

SEX*: MALE FEMALE
 VISA TYPE*: F-1
 REASON FOR ISSUE*: INITIAL ATTENDANCE
 INITIAL ATTENDANCE (CHANGE OF STATUS)
 TRANSFER IN

APPLICANT NAME*: _____
 Last Name First Name Middle Initial Title (if applicable)

DATE OF BIRTH*: ____/____/____ COUNTRY OF BIRTH*: _____
 Month Day Year

CITY OF BIRTH*: _____ COUNTRY OF CITIZENSHIP*: _____

INS ADMISSION NO.: _____

U.S. DRIVER'S LICENSE: _____ DRIVER'S LICENSE ISSUED BY STATE OF: _____
 (if applicable)

U.S. SOCIAL SECURITY #: _____
 (if applicable) (or Individual Taxpayer Identification Number)

FOREIGN ADDRESS*: _____
 Address Foreign Telephone Number

Address
 City State/Province/Territory Postal Code Country

U.S. ADDRESS*: _____
 Address
 City State Zip Code

PRIMARY MAJOR*: "LITERACY AND COMMUNICATION SKILLS"

PART 2A: ENROLLMENT INFORMATION

LANGUAGE LEVEL: _____ START DATE*: ____/____/____
 GPIIP Level (1A-5) Month Day Year

COURSE DURATION: _____ END DATE*: ____/____/____
 Number of months Month Day Year

COURSE COSTS: A. _____ REGISTRATION FEES (Non-refundable) CENTER: _____
 B. _____ APPLICATION FEE (Non-refundable)
 C. _____ TUITION FEES (Pre-paid portion is refundable only if F-1 visa is denied by DHS)
 D. _____ POSTAGE
 E. _____ GOVERNMENT FEES (DEPENDING ON STATUS; SELECT FROM DETAILS IN PART 2B.)
 F. _____ TOTAL

PART 2B: MANDATORY GOVERNMENT FEES (MAY BE PAID DIRECTLY TO U.S. DEPT. OF HOMELAND SECURITY)

- | | |
|--|---|
| <p>A. FOR A FIRST TIME APPLICANT (INITIAL ATTENDANCE):</p> <p>B. FOR AN APPLICANT CURRENTLY IN THE U.S. ON A TOURIST OR OTHER TYPE OF VISA WHO WISHES TO APPLY FOR A CHANGE OF STATUS</p> <p>C. FOR AN APPLICANT TRANSFERRING FROM ANOTHER SCHOOL WITH AN I-20</p> | <p>\$200 F-1 VISA FEE</p> <p>\$200 F-1 VISA FEE AND
\$300 FORM I-539 PROCESSING FEE</p> <p>NO GOVERNMENT FEES APPLY</p> |
|--|---|

PART 3: STUDENT FINANCIAL DATA

EXPECTED LIVING EXPENSES: _____

FUNDS WILL COME FROM*:

- A. STUDENT'S PERSONAL FUNDS IN THE AMOUNT OF: _____
- B. FUNDS FROM OTHER SOURCES IN THE AMOUNT OF: _____
- ORIGIN OF FUNDS FROM OTHER SOURCES (if applicable): _____
- TOTAL FUNDING AVAILABLE (A+B)** _____

* Total funding must be available to cover the registration and all tuition fees and living expenses as calculated in Part 2. Formal proof of availability of funds (e.g., bank certification of funds on deposit) are a requirement of the I-20 application process.

PART 4: PAYMENT INFORMATION

INITIAL PAYMENT AMOUNT: _____ BALANCE DUE: _____

PAYMENT TO BE MADE BY:

- PERSONAL CHECK
- TRAVELER'S CHECKS/CASHIER'S CHECK/MONEY ORDER
- ELECTRONIC FUNDS TRANSFER (BANK WIRE TRANSFER)
- CREDIT CARD: VISA MC AMEX CARD NUMBER: _____ EXP. DATE: ___/___

CARDHOLDER SIGNATURE : _____

PART 5: DISCLOSURE ACKNOWLEDGMENT

I am applying for a student visa to improve my English language skills at inlingua Language Center. I fully understand the terms and conditions of this enrollment as described to me in the Terms and Conditions provided by inlingua, including the course study requirements, refund policies, and U.S. immigration reporting requirements. I am aware that, once my visa is approved, information concerning my enrollment will be reported regularly to the U.S. Department of Homeland Security, as required by law.

Signed : _____ Date: _____
(Signature of parent or guardian if applicant is under 18 years of age)



PART 6: DEPENDENT INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR YOUR DEPENDENTS.

DEPENDENT NAME: _____
Last Name First Name Middle Initial Suffix (if applicable)

DATE OF BIRTH: ____/____/____ **SEX:** MALE FEMALE
Month Day Year

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

RELATIONSHIP: SPOUSE CHILD

REMARKS: _____

DEPENDENT NAME: _____
Last Name First Name Middle Initial Suffix (if applicable)

DATE OF BIRTH: ____/____/____ **SEX:** MALE FEMALE
Month Day Year

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

RELATIONSHIP: SPOUSE CHILD

REMARKS: _____

DEPENDENT NAME: _____
Last Name First Name Middle Initial Suffix (if applicable)

DATE OF BIRTH: ____/____/____ **SEX:** MALE FEMALE
Month Day Year

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

RELATIONSHIP: SPOUSE CHILD

REMARKS: _____

DEPENDENT NAME: _____
Last Name First Name Middle Initial Suffix (if applicable)

DATE OF BIRTH: ____/____/____ **SEX:** MALE FEMALE
Month Day Year

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

RELATIONSHIP: SPOUSE CHILD

REMARKS: _____