

INTERLINK Language Centers
Print Application Form
www.eslus.com

To print, use your browser's print option. Type or clearly print all the information requested below.

Fax or send this application with:

- a. an official copy of your high school or university grades;
- b. an official financial support statement from your bank, sponsor or guardian, certifying that you have at least US \$5,000 available for each term at INTERLINK;
- c. \$100.00 non-refundable application fee;
- d. a non-refundable security deposit as follows:

Indiana State University	\$20
University of North Carolina	\$100
Valparaiso University	\$50

To pay by check, please make check payable to INTERLINK Language Centers.

To pay by bank wire, contact the center you wish to apply to for more information.

To pay the fees by Visa or MasterCard, use the form at <http://interlink.edu/esl/creditcard.pdf>.

Fax or send application materials directly to the appropriate center:

INTERLINK Language Center Indiana State University Terre Haute, Indiana 47809 Fax: (812) 237-8031
INTERLINK Language Center The University of North Carolina at Greensboro Greensboro, N.C. 27402-6170 Fax: (336) 334-4701
INTERLINK Language Center Valparaiso University Valparaiso, Indiana 46383-6493 Fax: (219) 464-6846

Print Application Form

I. REQUIRED INFORMATION You must fill out all the information in this section.

1. _____
Family Name First Name

Your name must be spelled exactly as it is on your passport. If possible, send us a copy of your passport.

2. _____
E-mail address

3. _____
Residence Address (PO Box or Street No.)

City State or Province Country Postal Code

4. If your mailing address is the same as your residence, type "same" below. If your mailing address is different, type your complete mailing address:

Mailing Address (PO Box or Street No.)

City State or Province Country Postal Code

5. _____
Telephone Number

6. _____ Country of birth: 7. _____ Country of citizenship:

8. Date of birth: _____
DayMonth Year

Your date of birth must be the same as on your passport.

9. Male Female Gender (circle one) 10. Single Married Marital Status (circle one)

11. If you are married, will your family accompany you? Yes No
If yes, complete Part III below. (circle one)

12. Expected start of INTERLINK studies: 2010 2011 2012 2013
(circle one)

January March May August October
(circle one)

I understand the terms of my admission and agree to follow the rules of the Center and the University. I, and/or my sponsor, will be fully responsible for the cost of my studies while I am at INTERLINK. Further, I authorize the release of my credentials and of my medical records for medical and insurance purposes; I also authorize treatment of any illness or injury by qualified health personnel.

Signature of student or sponsor

Date

II. ADDITIONAL INFORMATION Please answer all questions below as accurately as possible to facilitate the application process.

13. _____ Fax Number 14. _____ Number of weeks do you expect to study at INTERLINK

15. What do you plan to do after you study at INTERLINK?

Study for BA/BS Study for MA/MS/Ph.D. Return home Travel in USA Other
(circle one)

16. _____
Where did you first hear about INTERLINK (friend, agent etc)? Be as specific as possible

17. Emergency contact: _____
Name Telephone

Full Address

18. High School College Graduate School 19. _____
Highest educational level completed Your field of study (major):

20. _____
English test (TOEFL, TOEIC, Michigan etc) Score Day Month Year

21. Rate your English speaking skills:	<u>very good</u>	<u>good</u>	<u>fair</u>	<u>poor</u>	<u>none</u>
		(circle one)			
Rate your English listening skills:	<u>very good</u>	<u>good</u>	<u>fair</u>	<u>poor</u>	<u>none</u>
		(circle one)			
Rate your English reading skills:	<u>very good</u>	<u>good</u>	<u>fair</u>	<u>poor</u>	<u>none</u>
		(circle one)			
Rate your English writing skills:	<u>very good</u>	<u>good</u>	<u>fair</u>	<u>poor</u>	<u>none</u>
		(circle one)			

If you chose poor or none for any skill, please submit a sample of your writing with the application.

22. Yes No _____
Have you studied in the US before? Name and address of school

23. _____ University residence hall _____ Homestay _____ Apartment
Rank in order of preference (1 = first choice; 2 = second choice, 3 = third choice)
University Residence Hall accommodation is not available at Colorado School of Mines.

24. Do you have any physical disability or health problems requiring special assistance?
Yes No _____
(circle one) If yes, explain.

25. Who will finance your education in the US? Self Family Government Other
(circle one)
If Other, explain: _____

26. Do you wish to receive your admission materials via express mail? Yes No
The charge for this service is \$50. (circle one)

III. FAMILY MEMBERS If family members will accompany you to the United States, you must provide complete and accurate information for each one. If family members will not accompany you, do not fill out this page.

Spouse

Family Name First Name
Name must be spelled exactly as it is on passport. If possible, send us a copy of the passport.

Date of birth: _____
Day Month Year
The date of birth must be the same as on the passport.

Country of birth: Country of citizenship:

Child 1

Family Name First Name
Name must be spelled exactly as it is on passport. If possible, send us a copy of the passport.

Date of birth: _____
Day Month Year
The date of birth must be the same as on the passport.

Country of birth: Country of citizenship: Gender: Male Female
(circle one)

Child 2

Family Name First Name
Name must be spelled exactly as it is on passport. If possible, send us a copy of the passport.

Date of birth: _____
Day Month Year
The date of birth must be the same as on the passport.

Country of birth: Country of citizenship: Gender: Male Female
(circle one)

Child 3

Family Name _____

First Name _____

Name must be spelled exactly as it is on passport. If possible, send us a copy of the passport.

Date of birth: _____

Day

Month

Year

The date of birth must be the same as on the passport.

Country of birth: _____

Country of citizenship: _____

Gender: Male Female

(circle one)

Child4

Family Name _____

First Name _____

Name must be spelled exactly as it is on passport. If possible, send us a copy of the passport.

Date of birth: _____

Day

Month

Year

The date of birth must be the same as on the passport.

Country of birth: _____

Country of citizenship: _____

Gender: Male Female

(circle one)
