



INTERNATIONAL CENTER FOR LANGUAGE STUDIES, INC.

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APPLICATION FOR ADMISSION

Section A: To be completed by all applicants.

Last Name		First	Middle	Student ID (Office Use only)	
				Fee Paid: <input type="checkbox"/>	
Street or Postal Address				Home Phone	
City, State, Zip			Country (if other than U.S.A.)		Business Phone
Name of Employer		Have you studied this language before? If so for how long?		Fax Number	
Language you wish to study:			E-mail Address:		
I want to enroll in:					
<input type="checkbox"/> Private Class		<input type="checkbox"/> Semi-Private		<input type="checkbox"/> HILT	
<input type="checkbox"/> Intensive English Program (IEP)				<input type="checkbox"/> Semi-Intensive English Program	
<input type="checkbox"/> Improving Your Spoken English Skills				<input type="checkbox"/> Other: _____	
<input type="checkbox"/> TOEFL Preparation (Evening)				<input type="checkbox"/> TOEFL Preparation (Day)	
<input type="checkbox"/> Spanish Evening Group Class				<input type="checkbox"/> French Evening Group Class	
Preferred Schedule: (For example, MWF, 4-5pm)				Starting Date	

Section B: To be completed only by applicants for the Intensive English Program (IEP).

All Applicants should complete Section C on the back.

Country of Birth		Country of Citizenship		Mother Tongue		Date of Birth	
<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Single		<input type="checkbox"/> Married	
				If you're married, your spouse's name			
Name of last high school or university attended:							
City		Country		Years Attended		Degree	
If you have studied English in the United States, please indicate below.							
Name of School		City and State		Dates Attended		Level of English	
Total Number of weeks you plan to attend:							
Do you plan to study at a North American university:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, will you need help in selecting a college or university?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B: Continued.

Please give the name of a person, either a relative or friend who lives in the United States, who can be contacted in the case of emergency:			
Last Name	First Name	Day Time Phone Number	
Street or Postal Address	City	State	Zip code
Do you intend to apply for a student visa?			
<input type="checkbox"/> Yes (Please follow the instructions below)		<input type="checkbox"/> No	
<u>Requirements for issuance of Form I-20 AB</u>			
The following list outlines items we must receive in order to issue an I-20 form:			
<ol style="list-style-type: none"> 1. Completed application and application fee (non-refundable). Please don't forget to include your intended start date on the first page of this application form (Month, Date, Year). 2. An original letter or statement (<i>not a copy or fax</i>) from your bank <i>or</i> that of your sponsor showing: <ol style="list-style-type: none"> a. Name of account holder b. <u>Amount in U.S. currency</u> (very important) available for your studies and living expenses 3. Address of a friend or relative in Washington DC area with whom you will stay. Will you need help with a homestay? Information is enclosed. 4. First month's tuition deposit. If you are not granted an F-1 visa, this will be refunded upon return of Form I-20 AB to ICLS. 5. If your sponsor lives in the United States, a completed affidavit of support. See enclosed. 			
ICLS cannot issue an I-20 form until all valid documentation is received.			

Section C: To be completed by all applicants.

How did you hear about us?	
<input type="checkbox"/> Referral by a student or former student	<input type="checkbox"/> Received information by mail
<input type="checkbox"/> Other personal referral	<input type="checkbox"/> Yellow Pages
	<input type="checkbox"/> Internet/WWW
	<input type="checkbox"/> Other: _____
<u>Applicant's Certification</u>	
I certify that the information I have provided on this application form is correct to the best of my knowledge.	
Date:	Signature:
To apply by mail, please send:	
<ol style="list-style-type: none"> 1. A completed and signed application form, 2. The \$75.00 (for evening classes \$50) application/registration fee. Please DO NOT send cash. Payment methods: Check (from a U.S Bank), Visa and Mastercard) If paying by check, please make it payable to ICLS. 3. If you intend to apply for a student visa, documentation described above. 	
To: International Center for Language Studies (ICLS) 1133 15th Street NW, Suite 600 Washington, DC 20005 U.S.A.	