

## INTENSIVE ENGLISH PROGRAM APPLICATION

SECTION 1: General Information													
Full Nan	ne .												
i ali ivali	ic		First				MI				L	ast	
Sex	片	Male	Date of				Email						
	Ш	Female	Birth	NAN/	\/\D\\/\\	<u>,                                      </u>							—
MM/DD/YY													
Address													
		Stree	t Number/St	reet Name			City		State	Cou	ntry	Zip Code	
Phone Numbers (where you can be reached)													
Cell Other													
How did you hear about us?													
		Former Stude	ent						Agency				
	Friend				Study G				Georgia Website				
		Chattahoochee Tech Website A family member											
	Chattahoochee Tech International Services Department Other												
	Ш	Chattahooche	ee Tech Work	ing Solutior	ıs Catal	og							
How wo	uld vo	ou assess your	English?										
	$\Box$	None	Beginne	er	☐ In	termedia	ate 🔲	Adv	anced				
							<u> </u>						
What is	your ı	main reason fo		_	Unite	d States				Пан			
		To prepare fo	_	-			To get a bet			☐ Other			
	Ш	To prepare fo	or Graduate S	tuay			☐ For social re	easor	15				
				SECT	ION 2:	Semeste	er/Enrollment S	tatu	s				
Which to	erm d	o you plan to	start?										
	П	Spring 2015,	Spring 2015, Term 2				Summer 2015						
		1/12/15 to 3/5		3/23/15 to 5/21/15			6/8/15 to 7/30/15						
Fall 2015, Term 1 Fall 2015, Term 2 8/17/15 to 10/8/15 10/26/15 to 12/17/15													
For Non	-F1 St	udents	☐ Full Time	, \$1580		Part Tin	ne, \$340/per co	urse		Day $\square$	Eveni	ng	
	_						·			·		_	
If Part T	ime, v	vhich courses	-				1. 6. 1.1			T05551 D	<i>,</i> , ,	701)	
	H	Speaking	Gramm				ading/Vocabula tening/Pronunc	-		TOEFEL Prep		• •	
	Ш	Writing	integra	ted Skills			tening/Pronunc	latio	on 🔲	Compass Pre	p (Lev	ei 6 Only)	
**Price includes tuition, books and one cultural activity; a meal will be included as part of this activity. **													
**Please note: Prices are subject to change**													
For Office Use Only													
Us		RA NR	☐ UA	МС	Ar	mEx	Visa Discov	er	Cash	Peer Trans	fer [	Check #	
		s/Dato to ED:		Card/Check Name:									
IS Staff Initials/Date to E				Card#:									
ED Staff Initials/Date Rcvd:				Exp Date:									
				Student ID:	):					CRNs:			
ED Staff Initials/Date				Staff:									
Added to Spreadsheet:			Date:			Receipt #:							

	S	ECTION 3: Vi	sa Informatior	1					
Are you a United States Citizen?	Yes		What is your	country of birth?					
L	No		What is your	country of citizenship?					
Are you a United States Permanent Resid	ent?	Yes No							
Do you presently have a United States Vis	sa? 🔲	Yes No	If yes, what ty	/pe?					
Do you plan to apply for an F-1 Student V	isa?	Yes 🔲 No							
Permanent Address (in your country)									
Permanent Phone # (in your country)	Country	y Code	City	Code	Phone #				
Are you currently in the US with an I-20 a	nd plan to tra	ansfer?	Yes	☐ No					
If yes, what school issued your I-20?									
	SECT	ΓΙΟΝ 4· F-1 V	isa Students O	nlv					
Please only complete this section if you are requesting a Form I-20. All students requesting an I-20 must demonstrate evidence of financial support for their stay in the U.S. Student visa holders are required to enroll for a minimum of 20 clock hours each term.  Financial Declaration, per 8 week term (168 hours of instruction - 6 courses, 21 clock hours):  **Tuition: \$1,580									
Name and address of person or organizat	ion responsil	ble for the pa	yments of you	•					
Full Name First	MI		Last	Email					
Local U.S Address (if available)	Street N	Number/Stre	et Name	City	State	Zip Code			
Other Address (if applicable)	Street N	Number/Stre	et Name	City	State	Zip Code			
Phone Numbers (where you can be reac	hed)								
	<i>,</i>		Cell		Other				
Signature o	of Sponsor			Relationship to	Student	-			

	SECTION 4: F-1 \	Visa Students Only (contir	nued)					
Do you want us	to include your spouse and/or children on the	he SEVIS Form I-20?	Yes No					
If yes, please if necessary.	provide the following information and subm	it a copy of the passport IL	D page for each person; o	attach additional sheets				
Name	F	Relationship						
Date of Birth		Country of Birth						
		Country of Citizenship						
Where do you v	vant us to mail your I-20 and acceptance pac	kage?						
Name	F	Relationship						
Address								
	Street Number/Street Name	City	State	Zip Code				
Phone		Email						
	SECTION 5: Sign	ature/Submission Instruc	tions					
Before signing t	his form, please read the following carefully	and check the boxes nex	t to each statement:					
	I understand that the application for admission to the Intensive English Program does not constitute or guarantee admission to any Chattahoochee Technical College credit programs.							
	I understand that I do not choose my leve	el; my level is determined	by my placement test sc	ore.				
Please initial to	indicate you have read our cancellation and	refund policy:						
	CTC reserves the right to cance days prior to a course beginning than 5 business days prior to the	g are eligible for a full refu	•					
_	Signature	<del></del>	Date					
Please return yo	our Application and supporting documentation	on to:						
By mail:	Chattahoochee Technical College International Services (MG-105) 980 South Cobb Drive	By email: <u>Gre</u>	eg.Moor@Chattahooche	eTech.edu				
	Marietta, GA 30060	By fax:	(770) 528-5817					
	Phone	(770) 528-4528						

(770) 528-4528

Chattahoochee Technical College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Inquiries related to the college's accreditation by the Commission may be directed to SACSCOC, 1866 Southern Lane, Decatur, Georgia 30033-4097 or telephone 404-679-4500. Questions related to admissions and the policies, programs, and practices of Chattahoochee Technical College should be directed to the College.

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