

INTERLINK LANGUAGE CENTER / UNCG

APPLICATION AND RESERVATION FORM

I. Directions for Making Application

A. Please print this application first before you fill it out. With this application, please send by mail or fax:

- 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 \$5500 available
- c. \$100.00 non-refundable application fee;
- d. A refundable security deposit of \$100
- e. (optional) Express mail \$50

B. Send application form and related documents and fees directly to the address listed above. Make checks payable to "INTERLINK Language Centers".

C. If you wish to pay the above fees by credit card, see directions at the end of this form.

II. Personal Data

1. _____
Family Name First Name

2. _____
Mailing Address (PO Box or Street No.)

City/State or Province/Country

Telephone Number Fax Number

E-mail address

3. Date of birth: _____
Day/Month/Year

4. Country of birth: _____

5. Country of citizenship: _____

6. How long do you plan to study at INTERLINK? _____
Number of weeks

7. When do you wish to begin your studies at INTERLINK?

January March May August October

8.. After attending INTERLINK, what do you plan to do?

Study for (circle one):

a. BA/BS b. MA/MS c. PhD (Which university? UNCG NCA&T Other _____)

Return home

Travel in the U.S.

Other: _____

9. How do you rate your English language skills:

Very good

Good

Fair

Poor or None (INTERLINK has no classes for beginning level students. You will need a basic knowledge of English before you come to INTERLINK.)

10. Where or from whom did you first hear about INTERLINK?
___ The INTERLINK homepage on the Internet ___ INTERLINK advertisement _____
(specify publication)
___ Other: _____
(Please specify)

III. Housing Information

12. Please rank the following housing options in order of preference (1= your first choice; 2 = your second choice, etc.):

- _____ University residence Hall
_____ Apartment (Student makes arrangements)
_____ Private dorm (www.universitysquaregso.com)

12. Please check below the appropriate sections which apply to you:

- A. Male Female B. Single Married
C. Smoker Non-smoker D. Drinker Non-drinker

If married, will your family accompany you?

Yes No

If "Yes," send us complete name, birth date, city and country of birth, and country of citizenship for each family member.

IV. Health and Financial Information

14. Do you have any physical disability or health problems that will require special assistance?

Yes No If yes, please explain: _____

15. Who will finance your education in the US?

Self Family Government Other (Please specify): _____

16. Please indicate the type of visa you will have:

Student (F-1) Exchange Visitor (J-1) Other (Please specify): _____

17. You may pay for your application fee, security deposit, tuition, and medical insurance by Visa or MasterCard. All other fees must be paid by check, traveler's checks, bank draft, or cash. (**There is a \$25 fee for returned check or declined credit card.**)

If you wish to use a credit card, please provide the following information:

a. Name of card: ___ Visa ___ MasterCard

b. Card number -----

c. Expiration date -----/----- d. Amount to be charged: \$US _____

Application fee (\$100) Security deposit (\$100) Tuition (\$2905)

Express mail fee (\$50) Home stay placement fee (\$100)

d. Name of cardholder: _____

e. Signature of cardholder: _____ Date: _____

EMERGENCY CONTACT

19. _____

Name Telephone

Address

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