

Application Instructions

We advise that you apply 6-8 weeks before your desired starting date. Please print the entire application and the enrollment agreement, answer all questions, and sign it. If you are under 18 years of age, your parent or guardian must also sign. Please mail/fax completed application to: 00

Approach International Student Center
 Attn: Admissions
 196 Harvard Ave. #2 - Allston, MA - 02134
 Fax: (617) 787-4926 Tel: (617) 787-5401

The following items must be enclosed with your application:

1. Signed application for admission and enrollment agreement;
2. Copy of biographical page of your passport;
3. Financial support documentation (A current bank statement or bank letter from you or your sponsor stating US\$1,500 for each month you will be studying at APPROACH);
4. Application fee, housing placement fee, airport transfer fee, and courier fees (if requested).

Personal Information (as written on passport)

First _____ Middle _____ Last _____ Gender: Male Female US Social Security (last 4 digits) _____

Date of Birth (m/d/y) _____ Country of Birth _____ Country of Citizenship _____ Native Language _____

How did you hear about Approach? Web Family Friend Approach student: _____ Agent: _____ Other: _____

Address in Home Country

Street Address _____ City, State _____ Country _____ Postal Code _____

Phone Number (country and city code) _____ Email _____

Mailing Address in the US (if known)

Street Address _____ City _____ State _____ Postal Code _____ Phone Number _____

Full time Program Information & Academic Goals (Choose the program you wish to attend, your starting date and the length of your program):

English as a Second Language program:
ESL levels 1-12 (month minimum enrollment)
 Super Intensive (ESL 30)
 Intensive Plus (ESL 24)

Specialty programs:
ESL levels 10+ (6 months per course)
 ESL Study Group (ESL SG)
 Advanced Academic Preparation (AAP)
 ESL Teaching Internship (ESL TI)
 ESL Work & Study (ESL WS)
 Test Preparation Study Group (TP SG)

Test preparation programs:
ESL levels 10+ (3 months per course)
 TOEFL
 GMAT
 GRE
 SAT

Youth Programs:
ESL levels 10+ (3 weeks duration)
 ESL Teen Cultural (ESL TC)

Private Instruction:
(Any subjects on ESL or test preparation)
 _____ hour(s) per week

I want to register for classes at APPROACH for _____ months and my starting date will be: _____/_____/_____. (m/d/y)

What is your current level of English? Beginner Intermediate Advanced

Have you taken the TOEFL test in the last year? Yes and my score was: _____ No

What are your main academic goals while attending classes at Approach?
 Learn English for academic purposes (ex. to attend an American college/university)
 Learn English for business (ex. to advance in your career)
 Learn English for communication (ex. to improve conversation and comprehension)
 Other: _____

What is your highest level of education? Middle school High school Undergraduate/ College Graduate school PhD
 Major/ concentration or professional certification: _____

Would you like information about our university partnership program? Yes No
 If yes, what programs would you be interested in? _____



Application for Admission

& Enrollment Agreement for International Students

Housing Application (To request housing, forward the US\$150 housing placement fee and (check all options that apply)

- Host Family
- Single Room
- No meals
- Allergic to pets
- Dormitory
- Double Room
- Kitchen access
- Prefer nonsmoking
- Apartment
- Triple Room
- Breakfast and dinner included
- Prefer no children
- I don't need housing. My US address is stated on the first page of this application.

Student Visa (I-20) Application

- I'm applying from abroad.
- I'm changing my status to the F1-student status. My current status is: _____ and it will expire on _____/_____/_____
- I'm a student at APPROACH and I am applying to another program.
- I'm transferring from another school: _____

School Name	Date of Last Attendance	Phone #
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List all F2 visa dependents (if any): (Please submit a copy of marriage certificate and each dependent's birth certificate. If present in the US, submit passport and I-94 card for each dependent)

Family Name	First name	D.O.B. (m/d/y)	Country of Birth	Citizenship	Relationship to Student	Gender <input type="checkbox"/> male <input type="checkbox"/> female
						In the US <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Name	First name	D.O.B. (m/d/y)	Country of Birth	Citizenship	Relationship to Student	Gender <input type="checkbox"/> male <input type="checkbox"/> female
						In the US <input type="checkbox"/> Yes <input type="checkbox"/> No

Health Insurance (All F1 students registering at APPROACH, must have a health insurance plan valid in the US)

- I will provide a copy of my current health insurance. (Please attach copy to this application)
- I will purchase health insurance at APPROACH upon arrival.

Acceptance Package Delivery

In care of	Email for Package Confirmation	Phone Number <small>(country and city code)</small>
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Street Address	City, State	Country	Postal Code
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- Please mail my acceptance package by courier delivery. (US\$90 for international/ US\$30 national)
- Please mail my acceptance package by regular mail at no charge
- I will pick up the acceptance package. Please call me at (_____)_____ when ready.

Airport Pick-up Request (To request airport pick-up, forward the US\$85 airport transfer fee and complete the following information. If there is a change on your flight information or arrival date, please contact Approach at least 72 hours before your original scheduled pick-up to reschedule)

Date of Arrival (m/d/y)	Airline	Departure Airport	Flight Number	Destination
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Emergency Contact (Please provide contact information for one person in the US, APPROACH can reach in case of an emergency)

Name	Relationship	Phone Number <small>(country and city code)</small>	Email
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Street Address	City, State	Country	Postal code
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Financial Certification (You or the person who is financially responsible for you must read and sign the statement below and include with this application either a current bank statement or a letter from the bank certifying that sufficient funds will be available to meet your school and living expenses while in the United States. Approach can also accept a letter guaranteeing financial support from your employer or an original scholarship letter from your government or another organization.)

"I, _____, understand that the tuition, fees, and living expenses of the student named below will incur while studying at APPROACH will be between US\$750 and US\$1500 per month. I agree to be legally responsible for all costs incurred by the registrant while at Approach ISC, Inc. I also confirm that I have read and fully understand all information in the Application for Admission and the Enrollment Agreement."

Student Name	Name of the Person Financially Responsible	Date	Signature	US Social Security (last 4 digits)
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Street Address	City, State	Country	Postal code	Phone Number	Email
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Medical Release, Activities Participation, Publicity Rights

MEDICAL RELEASE: In the event of illness or injury, I grant permission to any appropriate medical authority to examine me, treat me and refer me to outside physicians as indicated. I authorize release of information about my health and about my studies to my guardian or sponsor, family members, emergency contacts listed on this application, and health insurance representatives. I understand that I am responsible for medical expenses above the limits of applicable medical insurance. I understand that I am responsible for maintaining my health insurance during my stay in the United States.

ACTIVITIES PARTICIPATION RELEASE OF RESPONSIBILITY: I hereby voluntarily release, and forever discharge Approach International Student Center Inc. and its officers, directors, agents, employees, subcontractors, and all other persons or entities associated with it, including other participants from all liability, claims, demands, actions or related to, arise out of, or are in any way connected with my participation in the schools activities, including but not limited to those arising from any negligent or reckless acts or omissions or breach of contract by the released parties. The release is intended to be as broad and inclusive as is permitted by Massachusetts law. If any portion, clause or sub-clause is held invalid, I agree that the balance shall continue in full force and effect.

PUBLICITY RIGHTS: Approach International SC, Inc. has all publicity and artistic rights to use student's names, pictures and quotes in any promotional or published materials at any time free of any charge.

Student Name _____ Signature _____ Date (m/d/y) _____

Sponsor/ Parent or Guardian Name _____ Signature _____ Date (m/d/y) _____

Application fees & payment information: *(check all options that apply)*

FEES TO BE INCLUDED ON THIS APPLICATION

- Application fee: US\$150
- Housing placement fee: US\$150
- Airport transfer fee: US\$85
- Courier fee: US\$90/ \$30/ \$0
- TOTAL enclosed on application US\$ _____

FEES TO BE PAID UPON ARRIVAL

- Registration fee: US\$150
- Materials fee: US\$100
- Health insurance: US\$85
- First month pro-rated tuition: US\$ _____
- TOTAL to be paid upon arrival US\$ _____

APPROACH accepts credit cards, traveler's checks, personal check, wire transfers, and money orders. You may authorize us to charge a credit card by filling out the form on the side or send us a wire transfer. If you decide to send us a wire transfer, please fax or send a copy of the receipt with your application. Please note that fees applied to wire transfers should be paid by the student.

CREDIT CARD DEBIT AUTHORIZATION

I, _____ hereby authorize Approach International Student Center, Inc. to charge my (Visa, Master Card, AMEX) number: _____ exp. date: ____/____/____ the total amount of US\$ _____ referenced to the student named on this application.

Signature of credit card holder

WIRE TRANSFER INSTRUCTIONS

Our bank account information is as follows:
BANK OF AMERICA - S.W.I.F.T. Address BOFA US 3N
ABA 0260-0959-3 / Router 540100101
To credit Approach International Student Center
196, Harvard Ave. #2 - Allston, MA 02134
Account number # 004630517613

For office use only:

Starting Date: ____/____/____ Program: _____ Length: _____ months

- Visa status:
- New student
 - Change of status Exp. Date: ____/____/____
 - Continuing student
 - Transfer student

Application received: ____/____/____ by: _____

Confirmation Email: ____/____/____ by: _____

Acceptance: ____/____/____ by: _____

Welcome Package: ____/____/____ by: _____

Documents included:

- Bank statement (no older than 30 days)
- Legible copy of passport, visa & I-94
- Legible copy of all previous I-20's (F1) or DS2019 (J1)
- Copy of health insurance card
- Signed transfer form
- Payment of _____ on receipt # _____
- Specialty program placement test via skype or TOEFL score date: _____ result _____
- Specialty program placement interview via skype by: _____ ESL general level: _____
- Specialty program needs assessment by: _____