

SPRING INTERNATIONAL LANGUAGE CENTER
2017 EVENING ESL CLASSES

www.spring.edu

APPLICATION FOR ADMISSION

INSTRUCTIONS:

1. Please complete each item on the application. Print clearly or type. Sign the application. If you are under 18 years old, your parent or guardian must also sign the application form.
2. Pay the application fee of \$125 (in person or by phone)
3. Attach a copy of any photo ID.

4. Bring to the office, email to info@spring.edu or mail the application and items to:

Spring International Language Center

2575 West Church Avenue

Littleton, Colorado USA 80120

Phone: 303.797.0100

Fax: 303.797.0127

(Se Habla Español)

1. **Name:** _____
Family Name First Name Middle Name

2. **Home Address:** _____
Number and Street
City, State Country

3. **Telephone Number:** _____ **Email:** _____

4. **Country of Birth:** _____ **Country of Citizenship:** _____

5. **Date of Birth:** ____/____/____ **Sex:** Male Female
Month Day Year

6. **Major/ Field of Study:** _____ Undergraduate Graduate

7. **Are you working now?** Yes No **If yes, where?** _____

8. **Have you taken English classes before?** Yes No
If yes, where? _____ **How long?** _____

9. **How did you learn about Spring International?** _____

10. **Please check the date you wish to attend:**
 May 29 - July 21, 2017 August 21- October 13, 2017 October 23 – December 15, 2017

FINANCIAL AND HEALTH STATEMENT

Financial Certification: I hereby certify that I will be legally responsible for all costs incurred in connection with my studies at Spring International Language Center .

Medical Authorization: In the event of illness or injury, I authorize any appropriate medical authority to diagnose and treat me. I further authorize release of information for the purpose of medical treatment and health insurance. I understand that I am responsible for medical expenses above the limits of any applicable medical insurance.

Signature of Applicant

Date

Signature of Parent or Guardian if applicant is under 18

Relationship

Telephone