



# SPRING INTERNATIONAL LANGUAGE CENTER

## EVENING ENGLISH PROGRAM APPLICATION FOR ADMISSION

<b>SUBMIT APPLICATION MATERIALS TO:</b> <b>Spring International Language Center</b> 2575 West Church Avenue Littleton, Colorado 80120 <a href="mailto:info@spring.edu">info@spring.edu</a>   <a href="http://www.spring.edu">www.spring.edu</a>		<b>WHAT TO SEND</b> <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Copy of Photo ID <input type="checkbox"/> Application Fee of \$125 (non-refundable)			
<b>Family (Last) Name</b>		<b>First Name</b>		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Country of Birth</b>	<b>Native Language</b>	<b>Country of Citizenship</b>		<b>Date of Birth (Month / Day / Year)</b> / /	
<b>Home Address</b> Number and Street		City	State	Zip	
<b>Telephone Number</b>		<b>E-mail Address</b>			

<b>What Term do you wish to begin your studies?</b>	
<input type="checkbox"/> Winter Term: Jan. 16 – Mar. 8, 2018	<input type="checkbox"/> Fall I Term: Aug. 28 – Oct. 18, 2018
<input type="checkbox"/> Spring Term: Mar. 27 – May 17, 2018	<input type="checkbox"/> Fall II Term: Oct. 30 – Dec. 20, 2018
<input type="checkbox"/> Summer Term: Jun. 5 – Jul. 26, 2018	

<b>Have you had English language training in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, where did you attend and how long?</b> (School name, Location, and Length of Study)
<b>What areas do you struggle the most with?</b>
<b>What do you hope to gain from this program?</b>
<b>Where did you hear about our program?</b> <input type="checkbox"/> Family / Friends <input type="checkbox"/> Facebook <input type="checkbox"/> Arapahoe Community College <input type="checkbox"/> Advertisement <input type="checkbox"/> Other (Please explain)

<b>FINANCIAL AND HEALTH STATEMENT</b>		
<b>Financial Certification:</b> I hereby certify that I will be legally responsible for all costs incurred in connection with my studies at Spring International Language Center.		
<b>Medical Authorization:</b> 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.		
<b>If applicant is under 18 years of age:</b> A Parent or Guardian must complete and sign the <b>PARENT/GUARDIAN</b> section below.		
<b>APPLICANT SIGNATURE &amp; DATE</b>		
<b>PARENT/GUARDIAN SIGNATURE &amp; DATE</b>		
<b>Relationship to Applicant</b>	<b>Telephone Number</b>	<b>E-mail Address</b>