



# SPRING INTERNATIONAL LANGUAGE CENTER

*Excellence in Education with a Personal Touch!*

## EVENING ESL CLASSES

**Need help with your English skills? Don't have time to go to school during the day?**

### SILC's evening classes provide:

- \*Integrated instruction*
- \*Reading, Writing, Listening, and Speaking*
- \*Preparation for real life needs*

### SILC offers:

- \*Professionally-designed curriculum*
- \*Experienced and qualified instructors*
- \*Excellent learning environment*

Let our 35 years of experience in preparing students for university studies, professional development, and personal needs work for you.



**Contact** us TODAY at 303.797.0100 or at [info@spring.edu](mailto:info@spring.edu) for more information

OR

**Visit** our office across the street from Arapahoe Community College

OR

**Complete** the attached application and mail to:  
Spring International Language Center  
2575 West Church Avenue  
Littleton, CO 80120

***Se Habla Español***

### 2017 SCHEDULE

We offer eight-week sessions that help you improve your general English language skills:

- January 16 - March 10
- March 27 - May 19
- May 29 - July 21
- August 21 - October 13
- October 23 - December 15

**Class Times:** (2x a week for 8 weeks= 32 hours of instruction)

Tuesdays 5:30 - 7:30 p.m.

Thursday 5:30 - 7:30 p.m.

*(with a 10-15 minute break in between)*

### **Cost:**

- \$400 for each 8 week session, including materials
- \$125 (one-time only application fee)

### **Contact:**

303.797.0100

[info@spring.edu](mailto:info@spring.edu)

[www.spring.edu](http://www.spring.edu)



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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](mailto:info@spring.edu) or mail the application and items to:

**Spring International Language Center**

2575 W. Church Avenue

Littleton, Colorado 80120 USA

Tel: 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