



# ADULT PROGRAMS APPLICATION FORM

## PERSONAL INFORMATION

Exactly as it appears on your passport:

Name	<input type="checkbox"/> Mr. <b>Yamada</b> <b>Hanako</b>			
	<input checked="" type="checkbox"/> Ms.	Last	First	Middle
Address (Permanent)	1-1-101 Ryugaku		Gogaku-shi	
	Street		City	
	Tokyo	111-1111	Japan	
	State or Province	Zipcode	Country	
Email Address	hanako@langpedia.com			
Telephone	+81 3-1111-1111	Country of Citizenship	Japan	
Date of Birth	Month: January Day: 01 Year: 1995 <small>(e.g. January 20, 1980)</small>	City of Birth	Tokyo	Country of Birth Japan
Emergency Contact Name	Tarou Yamada	Telephone	+81 90-2222-2222	City/Country Tokyo/Japan
Relationship	Father	Email Address	tarou@langpedia.com	

How did you hear about CISL? From Langpedia

For students applying for F-1 visas:

Will you need an I-20 form for a student visa?  Yes  No

If you checked 'yes,' be sure to include a copy of your passport and your financial statement with your application.

Are you transferring from another school?  Yes  No If yes, name of current/previous school: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Express mail delivery of documents is available upon request for \$60-\$125 depending on your location. This fee is not refundable.

Please send my documents by Express Mail  Yes  No

## COURSE SELECTION

CISL Location	<input checked="" type="checkbox"/> San Diego <input type="checkbox"/> San Francisco	Number of Weeks	4		
Start Date	Month: Aug Day: 07 Year: 2017	End Date	Month: Sep Day: 01 Year: 2017		

### English Courses

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Standard             | <input type="checkbox"/> Intensive 10                  | <input type="checkbox"/> Afternoon Elective: Business |
| <input checked="" type="checkbox"/> Intensive | <input type="checkbox"/> Business English              | <input type="checkbox"/> Career English               |
| <input type="checkbox"/> Intensive 5          | <input type="checkbox"/> Afternoon Elective: Intensive | <input type="checkbox"/> Private Lessons ____/week    |

### Academic & Test Preparation Courses

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cambridge First (20)    | <input type="checkbox"/> Cambridge Advanced (28) | <input type="checkbox"/> English for Academic Purposes (EAP) |
| <input type="checkbox"/> Cambridge Advanced (20) | <input type="checkbox"/> TOEFL Prep              | <input type="checkbox"/> Pre-University Academic Year        |
| <input type="checkbox"/> Cambridge First (28)    | <input type="checkbox"/> IELTS (San Diego Only)  | <input type="checkbox"/> Pathway Program                     |

### Executive English (San Diego Only)

Executive English (group):  20 lessons  28 lessons  Executive English (one-on-one)

### Global Success (San Francisco Only)

- |   |  |   |
|---|--|---|
| <b>Global Success:</b>                  | <b>Global Success Plus:</b>                | <b>Global Success Individual:</b>                       |
| <input type="checkbox"/> Global Success | <input type="checkbox"/> Business English  | <input type="checkbox"/> 15 <input type="checkbox"/> 20 |
|   | <input type="checkbox"/> Intensive English | <input type="checkbox"/> 25 <input type="checkbox"/> 30 |
|   | <input type="checkbox"/> Individual 5      |   |
|   | <input type="checkbox"/> Individual 10     |   |

## ARRIVAL INFORMATION

Date of Arrival	Month: Aug Day: 06 Year: 2017	Time of Arrival	
Airline		Flight No.	

Would you like CISL to arrange a transfer service between the airport and your accommodation?

Yes: Transfer from airport\*  Shared (SF only)  Individual  
 No airport transfer is requested  
 Transfer to airport\* (San Francisco Only)  Shared  Individual  
 \* For airport transfer pricing information, please see page 12.

## ACCOMMODATION

Would you like us to arrange housing for you?  Yes  No  
 I would like:  Homestay  Student Residence Arrival date: 06/Aug/2017 Departure date: 02/Sep/2017  
 What type of room would you like?  Private  Shared  
 What type of bathroom would you like?  Private  Shared  
 Name of Student Residence Club: First preference: \_\_\_\_\_ Second preference: \_\_\_\_\_

## HOMESTAY PREFERENCES

Preferred meal plan  Breakfast Only  Breakfast and Dinner  
 Can you live with small children?  Yes  No  
 Can you live with cats?  Yes  No  
 Can you live with dogs?  Yes  No  
 Do you smoke?  Yes  No  
 Can you live with smokers?  Yes  No  
 Do you have any allergies?  Yes  No (If yes, explain: \_\_\_\_\_)  
 Do you take any specific medication that we should know about? N/A  
 What are your hobbies? Tennis and reading books  
 What is your occupation? Student  
 Any special requests? N/A

**CISL will contact you to confirm the availability of the accommodation you have requested.**

## PAYMENT INFORMATION

I authorize CISL to charge a total payment of: \$ 2920

Payment Method	<input checked="" type="checkbox"/> Bank Wire Transfer <input type="checkbox"/> Credit Card (Visa/MasterCard) <input type="checkbox"/> Pay to Study <input type="checkbox"/> Western Union		
Credit Card No.	Card Holder Name	Expiration Date	CVC Code
Billing Address for Credit Card			
Please note that the \$120 non-refundable registration fee is due with the application to confirm enrollment.	Credit card authorization signature required:		

**Agreement:** This agreement is a legally binding instrument when signed by me and accepted by the school. I have read, understood, and agree to the terms and conditions, the refund and cancellation policy, schedule, prices, and starting dates. I confirm that I have sufficient funds to pay all of the necessary costs of my course, accommodation, and other necessities during my entire program at CISL. In the event that I become unconscious or incapacitated due to illness or injury while at the school or accommodation, I grant permission for the staff to take necessary measures for providing examination and treatment. I understand that I will be responsible for the expenses incurred for this emergency medical attention.

Any questions or concerns regarding entering the United States that have not been answered or resolved by the school, must be directed to my local consulate or Embassy, or U.S. Immigration and Customs Enforcement (ICE) ([www.ice.gov](http://www.ice.gov)).

**Photo Release:** Students agree to allow photos and video taken during the program to be used for publicity purposes.

**Medical Insurance Requirement:** I understand that medical treatment in the United States is very expensive and that I have been advised to obtain medical insurance that is valid in the United States before traveling to this country.

山田花子

Applicant Signature (Required to process application)

山田太郎

Parent/Guardian Signature (Required if applicant is under 18 years of age)

Tarou Yamada

Name of Parent/Guardian (if applicable)

01/Jul/2017

Date