



English Language Program 2010

Application for Instruction

English Language Program
at Seattle Language Academy
123 NW 36th Street, Suite 240
Seattle, WA 98107 USA
Tel. +1 206 325-4109
www.seattlelanguageacademy.org
esl@sealang.org

PERSONAL INFORMATION

(Mr/Ms) first middle last (family name) date of birth (month, day, year)

country of birth country of citizenship passport number & expiration date visa type travel insurance provider

Foreign Address: number and street city state

country postal code (phone number, including country code & area code)

Local Address: number and street city state zip code

E-mail: _____ Phone: _____, _____
home or work cell

Emergency Contacts: _____
name of emergency contact in home country phone number & e-mail

_____ phone number & e-mail
name of emergency contact in Seattle

For F-1 students only:

I have one or more dependents that will need a Form I-20:
(Include additional information on a separate sheet if necessary) name of dependent date of birth country of citizenship

I do not have dependents, or my dependents do not need a Form I-20

PROGRAM OF STUDY

Please indicate the course of study you are registering for:

<input type="checkbox"/> Standard Intensive Class 1 month session (4 consecutive weeks) 80 hours \$1300	Preferred start date (any Monday): ____/____/____ <i>day month year</i>	Estimated end date: ____/____/____ <i>day month year</i>
<input type="checkbox"/> Standard Intensive Drop-in 1 wk minimum 1 wk:\$525 2 wks:\$850 3 wks\$1100	Start date: ____/____ <i>day month</i> (any Monday)	End date: ____/____ <i>day month</i> Total weeks: _____
<input type="checkbox"/> Evening session 8 wks/24 hours \$375	Start date: ____/____ <i>day month</i>	End date: ____/____ <i>day month</i> Total weeks: _____
<input type="checkbox"/> Private Lessons (Custom English Language Program) 10 hour minimum; RATES VARY	Type of instruction: <input type="checkbox"/> TOEFL Preparation <input type="checkbox"/> Business English <input type="checkbox"/> Accent Reduction <input type="checkbox"/> Conversation	<input type="checkbox"/> Other: _____ <i>please specify</i> Total hours: _____

Please indicate your estimated level of proficiency in English:

Beginner Elementary Intermediate High-intermediate Advanced

PAYMENT

Please indicate the course or courses of study you are registering for, as well as the relevant F-1 fees if you are an F-1 student:

- | | |
|---|---------|
| <input type="checkbox"/> F-1 processing fee (F-1 students only): | \$50 |
| <input type="checkbox"/> FedEx Express mailing fee* (F-1 students only): | \$50 |
| <i>*Form I-20s will be mailed via regular postal mail if the FedEx fee is not paid</i> | |
| <input type="checkbox"/> Please check here if you have one or more dependents who also need a Form I-20 (no additional fee) | |
| <input type="checkbox"/> Standard class; \$1300 per session for _____ sessions = | \$_____ |
| <input type="checkbox"/> Drop in session for | |
| 1 week | \$525 |
| 2 weeks | \$850 |
| 3 weeks | \$1100 |
| <input type="checkbox"/> Evening session | \$375 |
| <input type="checkbox"/> Deposit only (non-refundable) | \$100 |

TOTAL TO BE CHARGED TO YOUR CARD \$_____

By signing, I authorize Seattle Language Academy to charge my credit card for the amount(s) indicated above. I understand that all fees pertaining to F-1 processing are non-refundable, and that there is a \$100 non-refundable deposit to secure my place in any class.

Card Type: Visa MasterCard American Express

Please convey credit card information over the phone only, or if you are sending your registration in through regular post; do not submit credit card information with applications sent via email.

Credit Card Number _____ Expiration date: _____

Card Holder's Name: _____ Card Holder's Signature: _____

We accept payment by wire transfer, international money order, US check, Travelers' check, Visa, MasterCard and American Express. Checks and money orders should be made out to Seattle Language Academy. To pay by wire transfer, please note that there is an additional \$35 fee; contact Seattle Language Academy for more information.

GENERAL INFORMATION

Immigration: Seattle Language Academy is authorized under Federal Law to enroll nonimmigrant alien students. Intended F-1 students must apply at least one month before start date. Students seeking B-visas (visitor/tourist) visas should be aware that study should not be the main point of their visit. Students from countries on the visa waiver program (VWP) are not required to obtain visas.

Insurance: All Standard Intensive students are required to obtain medical insurance and asked to present proof of insurance upon registration. If you do not have this type of insurance, please visit www.gatewayplans.com or www.insuremytrip.com, or contact an agency in your home country.

Closures: Classes will not occur on the following days each year: Martin Luther King, Jr. Day, President's Day, Memorial Day, July 4th, Labor Day, Veteran's Day, Thanksgiving, Christmas, and New Year's Day.

Payment and Refund Policy for Standard Intensive classes: Students are required to pay tuition in advance for one session or one drop-in week. ☞ Students who withdraw before their start date are entitled to a 100% refund, less the registration fee (\$100) and F-1 processing fees. ☞ No refund is available for a class or drop-in week already in session. ☞ A full refund is available for subsequent sessions or weeks that have already been paid.

I understand and accept Seattle Language Academy's rates, conditions and refund policies.

signature

printed name

date

HOW TO SUBMIT APPLICATION

Applications and placement exams must be received at least 10 days before your intended start date. Please scan your application and email it to esl@sealang.org, or send via regular post to:

Seattle Language Academy
123 NW 36th Street Suite 240
Seattle WA 98107 USA