

# Saint Michael's College

## APPLIED LINGUISTICS DEPARTMENT

### Application for Intensive English (IEP) & Academic English Programs (AEP)

Name\* \_\_\_\_\_  
Last Name / Family Name / Surname First Name / Given Name

*\*as it appears on your passport*

Postal address \_\_\_\_\_  
Street City Province/State Country Postal Code

Permanent address \_\_\_\_\_  
Street City Province/State Country Postal Code

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Gender:  Male  Female Marital status:  Single  Married

Telephone number \_\_\_\_\_  
Country Code City Code Phone Number

Fax number \_\_\_\_\_  
Country Code City Code Phone Number

E-mail address (*please PRINT clearly*) \_\_\_\_\_

I wish to enroll in the Intensive English Program (IEP) beginning on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**FOR \_\_\_\_\_ WEEKS** (*see calendar*)

I wish to enroll in the Academic English Program (AEP) beginning on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**FOR \_\_\_\_\_ WEEKS** (*see calendar*)

Have you taken the TOEFL?  yes  no If yes: Date \_\_\_\_\_ Score \_\_\_\_\_

English ability:  Beginner  Intermediate  Advanced

What is your native language? \_\_\_\_\_

Will you need on-campus housing?  Yes  No

How did you learn about Saint Michael's:  WWW  Advertisement  Alumni  
 Education Consultant  Relative  Fair  Other \_\_\_\_\_

#### Person to contact in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone number \_\_\_\_\_  
Country Code City Code Phone Number

E-mail address \_\_\_\_\_

I would like to know more about:  Undergraduate Programs  Graduate Programs  
 MATESL Program  Other \_\_\_\_\_

## Affidavit of Financial Support

An official/attested bank statement must be submitted by the sponsor or from the sponsor's bank in order for your application to be complete. Financial certification, including a bank statement, are required for the issuance of the I-20 form.

I certify that I currently have all of the necessary funds available to me for the length of time I have chosen to study.

I certify that I have \$\_\_\_\_\_ on account for study beginning\_\_\_\_\_ and completing\_\_\_\_\_.

Signature of Applicant\_\_\_\_\_

Signature of Sponsor/Parent\_\_\_\_\_

Print Name Clearly\_\_\_\_\_

### Sponsor/Parent Contact Information:

Name of person or organization\_\_\_\_\_

Street Address\_\_\_\_\_

Street

City

Province/State

Country

Postal Code

Telephone Number\_\_\_\_\_

Country Code

City Code

Phone Number

Fax Number\_\_\_\_\_

Country Code

City Code

Phone Number

E-mail Address\_\_\_\_\_

**PLEASE REMEMBER TO ATTACH THE OFFICIAL BANK STATEMENT TO THE APPLICATION**

## Medical Authorization

I hereby authorize qualified medical diagnosis and treatment of illness or injury to the applicant, and I authorize release of appropriate information for medical treatment and insurance purposes. I understand that I am responsible for medical expenses outside of the limits of any applicable medical insurance.

X \_\_\_\_\_  
(Signature of Applicant 18 or older) (date)

X \_\_\_\_\_  
(Parent or guardian's signature) (date)

*Saint Michael's is committed to affirmative action and equal opportunity. It does not discriminate against students, employees or applicants for admission or employment on basis of color, gender, age, national origin, ethnicity, religion, disability, sexual orientation or physical characteristics. Saint Michael's reserves the right to change prices and policies without prior notice. Saint Michael's will, however, make every effort to notify interested parties of significant changes.*



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