

# Saint Michael's College

## Applied Linguistics Department

### Diploma Program in Teaching English to Speakers of Other Languages (TESOL) Application

#### INSTRUCTIONS AND REQUIREMENTS

*Return completed form no later than May 1. Late applications will be accepted if space is available.*

1. Complete all pages of the application. Please type or print legibly. The additional documentation should be submitted on additional sheets of paper.
2. Submit evidence of highest educational level attained: transcript or copy of diploma.
3. Submit two letters of recommendation from persons qualified to assess applicant's qualifications for the Diploma Program.
4. Affidavit of Financial Support and financial documentation (*international students only*).
5. If English is not your first language, an official TOEFL score report from the testing agency needs to accompany your application. The minimum score for admission is 550/213 CBT.
6. A recent photograph (*optional*).
7. Photocopy of passport page showing correct spelling of name and date of birth (*international students only*).
8. Send the completed application and required documents to:



#### *Diploma Program*

Applied Linguistics Department  
Saint Michael's College

One Winooski Park, Box 253, Colchester, Vermont 05439 USA

**For more information: 802.654.2300 ■ fax 802.654.2595**

**Please type or print in ink.**

I seek admission to the Diploma Program to be held in the summer of \_\_\_\_\_ (year).

#### BIOGRAPHICAL/PERSONAL INFORMATION

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

*\*as it appears on your passport (international students)*

Gender:  Male  Female Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
month day year

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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

**Please send official TOEFL score report. Minimum score of 550/213 CBT required.**

#### CONTACT INFORMATION

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

Permanent 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 PRINT clearly**) \_\_\_\_\_

How did you first learn about the program? \_\_\_\_\_

Why do you want to attend the Diploma Program? \_\_\_\_\_

Do you desire on-campus room and board?  yes  no *If yes, please complete the Housing Form.*

If you are currently working and/or studying, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION INFORMATION** *Please send transcript or copy of diploma of highest educational level achieved.*

	Name of School	Location	Year of graduation or dates attended	Degree
High School				
College/University				
Graduate School				
Other				

If you have ever taught English as a second language, please describe: \_\_\_\_\_

\_\_\_\_\_

Additional information you may wish to supply: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list and rate proficiency in other languages you know: *Fluent, Good, Fair, Minimal*

Language	Reading	Writing	Speaking	Aural Comprehension

**INTERNATIONAL STUDENTS: FINANCIAL CERTIFICATION**

Please submit a bank statement verifying that you have sufficient financial resources to provide for academic and personal expenses while attending the Diploma Program. This information is required before immigration documents (I-20 form) can be issued.

**AFFIDAVIT OF APPLICANT, GUARANTOR, OR PARENT GUARANTEEING SUPPORT**

I will have US\$ \_\_\_\_\_ to study for \_\_\_\_\_ in the Diploma Program at Saint Michael's College.  
number of weeks

X \_\_\_\_\_  
(Signature of Applicant) (Date)

X \_\_\_\_\_  
(Signature of Person Providing Support) (Date)

\_\_\_\_\_  
(Please PRINT Name of Person Providing Support) (Date)

\_\_\_\_\_  
(Street or Postal Address) (Postal Zip Code)

\_\_\_\_\_  
(City) (State/Province) (Country)

\_\_\_\_\_  
(Telephone number) (Fax number)