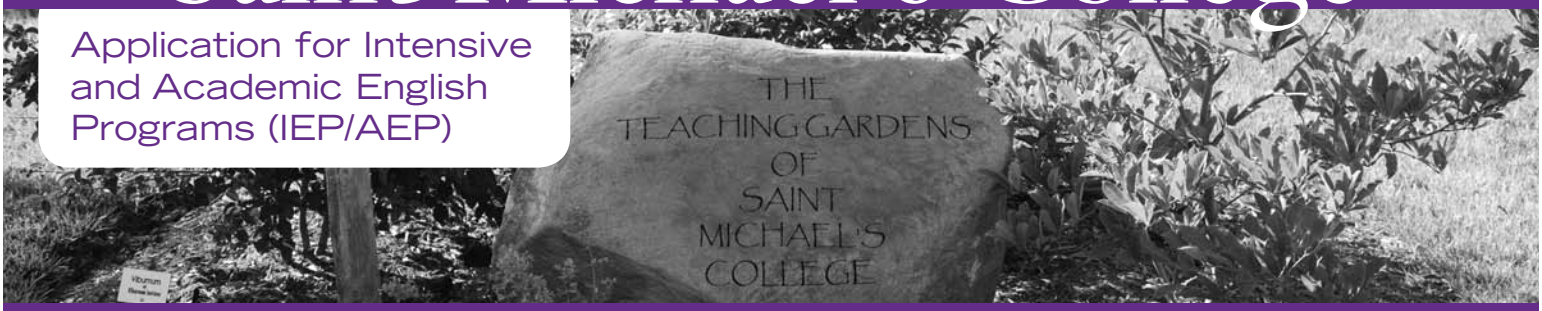
Saint Michael's College

Application for Intensive and Academic English Programs (IEP/AEP)



Applied Linguistics Department • One Winooski Park Colchester, Vermont 05439 USA • 802.654.2300 • fax 802.654.2595 • international@smcvt.edu

Student Name* _____

*as it appears on your passport — Last Name / Family Name / Surname — First Name / Given Name

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 _____

I wish to enroll in the Intensive English Program (IEP) beginning on _____ / _____ / _____

month — day — year

For ☐ **8 weeks** ☐ **16 weeks** ☐ **16 or more weeks**

I wish to enroll in the Academic English Program (AEP) beginning on _____ / _____ / _____

month — day — year

For ☐ **16 weeks** ☐ **16 or more weeks**

English Ability: ☐ **Low-Intermediate** ☐ **Intermediate** ☐ **High-Intermediate** ☐ **Advanced**

AEP Applicants: Please submit a score report from one of the following proficiency tests: *TOEFL, TOEIC, IELTS, MELAB, other* _____

Will you need on-campus housing? ☐ **yes** ☐ **no**

How did you learn about Saint Michael's? ☐ **WWW** ☐ **Advertisement** ☐ **Alumni** ☐ **Relative** ☐ **Fair** ☐ **Other** _____

Person to contact in case of an emergency:

Name _____ **Relationship** _____

Telephone number _____

Country Code — City Code — Phone Number

E-mail address _____

continued...

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 _____

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.

Signature of Applicant _____
(18 or older) *Date*

Signature of Sponsor/Parent _____
(if applicant is under 18) *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.

SAINT MICHAEL'S COLLEGE