



**American Language and Culture Institute
Intensive ESL at Clark University**

Phone: 508-793-7794 / Fax: 508-793-8887 / email: alci@clarku.edu

Application for Admission

Name _____
(Please write your name as it appears on your passport)

Address _____
Street or Postal Address

_____ City _____ Country _____

Date of Birth _____ Country of Birth _____ Citizenship _____
(Month/Day/Year)

Home Telephone # _____ Fax # _____ email _____

Male [] Female [] Single [] Married []

Parent, Guardian, or Sponsor's Name (and relationship to you) _____

When do you plan to begin Intensive English Language study in ALCI?

Fall Semester [] Spring Semester [] Summer Session 1 [] Summer Session 2 []

Do you presently have a visa for entry into the United States? Yes [] No []

If yes, what type of visa do you have? _____ Visa Number _____

Passport Number _____

Have you completed high school? Yes [] No []

How many years have you studied English? _____ Have you take the TOEFL? Yes [] No []

If yes, what was your TOEFL score? _____ When did you take the TOEFL? _____

How do you evaluate your English abilities?

	Listening	Speaking	Reading	Writing
Excellent				
Good				
Fair				
Poor				



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How did you learn about the ALCI Program ? _____

Housing

Do you want to live in University housing? Yes [] No []
Please note: ALCI does not arrange homestays

Students who want housing on campus should be aware of the following housing deadlines.: Fall Semester (June 1), Spring Semester (November 1), Summer 1 (April 15), Summer 2 (May 15). Students who submit applications after the above deadlines have passed cannot be guaranteed space in housing.

Health Insurance (Health insurance coverage is required by law.)

- [] I want to be covered by the Clark University Health Insurance Plan.
- [] I do not want to be covered by the Clark University Health Insurance Plan. I certify that I have comparable coverage as indicated below, and it will be in force during the academic year.

Insurance Company _____ Policy # _____ Expiration Date _____

In whose name is the policy written? Self [] Parent [] Spouse []

Financial Statement

I understand that the United States Immigration and Customs Enforcement agencies require Clark University to insure that applicants are able to pay all education and living-related expenses while they are in the United States. I am aware that the tuition and fees for the ALCI program are payable in full at the time of the registration. I certify that I am able to provide for the educational and other expenses incurred by this applicant and agree to be legally and fully responsible for all such expenses incurred during the applicant's studies at ALCI.

Signature of Guarantor or Sponsor _____

Name of Guarantor or Sponsor (Please Print) _____

Applications

Incomplete application packages cannot be processed. This completed application must be accompanied by:

1. a letter of financial guarantee (preferably a bank letter, notarized or on official stationery) indicating a specific amount of money to pay for educational and living expenses in the United States
2. proof of high school completion (translated in English)
3. a non-refundable \$50.00 application fee in the form of a check, draft or money order in U.S. Dollars payable to ALCI/Clark University
4. a non-refundable tuition and housing deposit (\$500.00 if housing is requested, \$200.00 if housing is not requested).

Send the completed application, your check (for \$250.00 or \$550.00 depending on the housing option) and all required documents to:

ALCI/Clark University
950 Main Street
Worcester, MA 01610
U.S.A.

Signature of Applicant _____ Date _____