



ASC English

1106 Commonwealth Ave., Boston, MA 02215
Tel: 617-730-3705 Fax: 617-730-3700

Application for Local Initial students

1. Please complete and sign this application form. Your application cannot be processed without the following :

- A completed application form including all required
- A non-refundable application fee of US\$150
- A non-refundable enrollment deposit of US\$250
- Proof of financial certification in English and in US Dollars (minimum required US\$8000), no more than 6 months old.
Please submit one of the following:
 - A Bank letter stating the balance in your account, or a copy of personal bank statement indicating a specific balance in your account OR
 - A Bank statement from a family member or sponsor plus a signed Affidavit of Support from the person or organization that will sponsor you
- Dependants: If travelling with dependants, please submit a copy of their passports and show an additional \$500 per person in your financial statement

In addition, if you are already in the United States but not holding a F-1 visa and wish to get a F-1 visa to study at ASC, you should also prepare following:

- A non-refundable document review fee of US\$400 if you would like to have ASC prepare the visa status change documents for you
- A Copy of your passport page with picture and info
- A Copy of your visa page
- Copies of both sides of your I-94 Form (white paper stamped with date attached to your visa stamp)

2. Please send the completed application by mail, fax, or email to :

Mailing Address :	Fax :	Email :
Admissions ASC English 1106 Commonwealth Avenue, Boston, MA 02215	+617-730-3700	info@ascenglish.com

If you need help completing the application and housing form, please call us at (617) 730-3705 or email us info@ascenglish.com. Our office staff will be happy to provide you with any assistance you need.

After receiving all of above documents and payments, we will review your application. Upon acceptance, ASC English will issue to you:

- An acceptance letter to the Super A Program.
- Instructions on how to apply for a visa in your country and what to do upon arrival in Boston.
- An I-20 Form: Please note that United States law states that an I-20 can only be issued to students who intend to pursue full-time intensive English language study. If you plan to study in ASC Intensive program (full-time), ASC will issue an I-20 for you. Please note that United States law does not permit students to study part-time with an F-1 visa.

Registration

When you register at ASC English, you must bring the following with you:

- Your passport, admission number (I-94), and I -20 Form
- Your Tuition Payment

All payment made after registration day are subject to a \$25.00 late fee.



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Payment

Please note that all fees must be paid in full when you register for your first session and again before the beginning of every other session you attend. You may make payments in the form of cash, check drawn on local bank, US\$ traveler's checks, bank draft, or Visa, MasterCard, and American Express credit cards. ASC also accepts wire transfers.

Our bank account information is as follows:

Account Name: ISSC Management, Inc.

Account # 004627422067

Bank Name and Address: Bank of America, 100 Federal Street, Boston, MA 02110

Bank of America ABA# 011000138

Health Insurance

Prior to beginning your first class at the ASC, you must provide proof of health insurance. It is a Massachusetts State Law that all students have insurance. If you are unable to provide evidence of insurance you will be required to purchase health insurance through ASC at a minimum cost of US\$465.00 per month (please contact ASC for further policy information).

Cancellation and Refunds

If you cancel at any time prior to the beginning of a session, all payments except the application fee and the tuition deposit will be returned to you. If you decided not to continue studying in the Super A Program after classes begin, we regret that the tuition for the session is not refundable.

Airport Pick-up and Drop-off

We can arrange pick-up service for you at a cost of \$75 each way.

Home stay

ASC works with a local real estate company and home stay company. Call or e-mail the ASC staff and we will give you the email address or phone number for your home stay service provider.

Attendance Commitment

All initial students are required to register and attend ASC English for two 8-week sessions.



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2010 ASC Course Dates

SESSION	REGISTRATION	CLASS BEGIN	CLASS END	LATE REGISTRATION
January	January 4	January 4	January 29	N/A
February	January 22	February 1	February 26	January 29
March	February 19	March 1	March 26	February 26
April	March 19	March 29	April 23	March 26
May	April 16	May 3	May 28	April 30
June	May 21	May 31	June 25	May 28
July	June 18	June 28	July 23	June 25
August	July 16	July 26	August 20	July 23
September	August 13	August 30	September 24	August 27
October	September 17	September 27	October 22	September 24
November	October 15	October 25	November 19	October 22
December	November 12	November 22	December 17	November 19

Class Schedule

LEVEL	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Level 1	9:30-11:00	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:10-12:30	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:30	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 2	9:30-11:00	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:10-12:30	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:30	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 3	9:30-11:00	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:10-12:30	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:30	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 4	9:30-11:00	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:10-12:30	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:30	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 5	9:30-11:00	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:10-12:30	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:30	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 6	9:30-11:00	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:10-12:30	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:30	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
TOEFL iBT	9:30-11:20	Reading/Writing	Reading/Writing	Reading/Writing	Reading/Writing	Independent Study
	11:40-12:30	Listening/Speaking	Listening/Speaking	Listening/Speaking	Listening/Speaking	
	12:35-1:30	Special Interest Class	Special Interest Class	Special Interest Class	TOEFL WORKSHOP	

COURSE DATES AND SCHEDULE



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APPLICATION FORM: PART 1

PERSONAL INFORMATION

LEGAL NAME IN FULL

LAST NAME FIRST NAME MIDDLE

HOME COUNTRY ADDRESS

STREET NUMBER, STREET, APARTMENT NUMBER

CITY/TOWN ZIP CODE COUNTRY

MAILING ADDRESS IN USA

STREET NUMBER, STREET NAME, APARTMENT NUMBER

CITY/TOWN STATE ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

AREA CODE / PHONE NO.

GENDER

MALE

FEMALE

PLEASE CHECK ONE

DATE OF BIRTH

MONTH/DAY/YEAR

COUNTRY OF BIRTH

NATIONALITY

EMERGENCY CONTACT

NAME OF PERSON

RELATION TO PERSON

PHONE NO.

PASSPORT AND VISA INFORMATION

PASSPORT NUMBER

PASSPORT EXPIRATION DATE



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WILL YOU HAVE ANY FAMILY ACCOMPANYING YOU? IF SO, PLEASE GIVE NAME AND RELATIONSHIP.

NAME	DOB:	Country of Birth:	RELATIONSHIP:
NAME	DOB:	Country of Birth:	RELATIONSHIP:
NAME	DOB:	Country of Birth:	RELATIONSHIP:

Please Check the session when you wish to begin:

2010 Sessions

- Jan 4- Jan 29
 Mar 29 – Apr 23
 Jun 28- Jul 23
 Sep 27- Oct 22
 Feb 1- Feb 26
 May 3 – May 28
 Jul 26- Aug 20
 Oct 25- Nov 19
 Mar 1- Mar 26
 May 31 – Jun 25
 Sep 1- Sep 24
 Nov 20- Dec 17

Where did you hear about ASC English Boston?

- Friend (Full Name): _____
 Internet (Website address): _____
 Newspaper: _____ From Sign (Pass-by)
 Quincy College Elizabeth Seton academy
 Other _____

Locations:

- Main Campus
 (1106 Commonwealth Ave.)
 Downtown Boston
 (65 Harrison Ave, 6th Floor)

▲ **Highest Level of Education:** _____

I have read and understand the information provided by ASC English Boston. I understand and acknowledge the expenses for attending ASC English Boston and fully understand the refund policy. I am aware that the \$150.00 application fee and the \$250.00 tuition deposit are non-refundable; and there is no refund on the price difference if I change from TOEFL to ESL class. And I am also aware that I am required to complete two eight-week sessions at ASC English.

SIGNATURE OF APPLICANT _____ DATE _____

PARENT OR GUARDIAN _____ DATE _____

(If applicant is under 21)

APPLICATION FORM: PART 2



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REQUIRED PAYMENT FOR FIRST TIME ENROLLMENT

NON-REFUNDABLE APPLICATION FEE	\$150.00
NON-REFUNDABLE SUPER A PROGRAM TUITION DEPOSIT	\$250.00

TOTAL ENCLOSED PAYABLE TO THE ASC ENGLISH BOSTON: _____

Note: All tuition payments must be made in full prior to the beginning of the first class. Students with unpaid balances will not be allowed to attend class.

METHOD OF PAYMENT

1) I prefer to make payment by check or money order.

Enclosed find payment of: _____

(All checks must be drawn from a United States bank and must have the bank name imprinted on the check)

2) Please charge my (Select one) VISA MASTERCARD American Express

CARDHOLDER NAME (PLEASE PRINT): _____

SIGNATURE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

MEDICAL EMERGENCY STATEMENT:

In the event of illness or injury, I authorize medical diagnosis and treatment of injury or illness to the applicant and release of medical information for medical treatment and insurance purposes. I accept responsibility for medical expenses outside the limits of any medical insurance and those pre-existing conditions not covered by health insurance. Submission of this application constitutes an acceptance of the terms and conditions of enrollment included in the application package.

FINANCIAL STATEMENT (I-20 STUDENTS ONLY):

I understand that I will need at least US\$1,350.00 each month in addition to the tuition cost \$3000.00 for four months at ASC (add \$500.00 per month per additional family member) for a minimum total of \$8000.00. I agree to be responsible for these expenses. I declare this statement to be true and understand I may be expelled if this statement is false.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN _____ DATE: _____

(IF APPLICANT IS UNDER 21)

APPLICATION FORM: PART 3



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"I certify that I want to study English at ASC for the sole purpose of improving my experience in the United States while visiting here on vacation. I am not intending to attend a course of study that will lead to a degree or certification or to prepare to take a standardized exam."

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN _____ DATE: _____

(IF APPLICANT IS UNDER 21)

FOR OFFICE USE ONLY

DEPOSIT AMOUNT : _____ DATE : _____

AMOUNT DUE : _____ I-20 ISSUE DATE : _____

RECEIVED REQUIRED DOCS : _____ REGISTRATION DATE : _____

DATABASE UPDATED : _____

CREATE FILE DATE : _____

REFUND ISSUED : _____

DATE

AMOUNT

OFFICE USE ONLY