



# ASC English

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

APPLICATION PROCEDURE

## Application for Initial Students from Agents

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

- A completed application form including all required signatures
- 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\$8500), 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
- Dependents: If travelling with dependents, please submit a copy of their passports and show an additional \$500 per person in your financial statement

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	1-617-730-3700	info@ascenglish.com

If you need help completing the application and housing form, please call us at 1-617-730-3705 or email us [info@ascenglish.com](mailto: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.



# ASC English

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

## **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**

Available upon request.

## **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 three 8-week sessions.



# ASC English

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

## 2012 ASC Course Dates

SESSION	REGISTRATION	CLASS BEGIN	CLASS END
January	December 15	January 4	January 27
February	January 19	January 30	February 24
March	February 16	February 27	March 23
April	March 15	March 26	April 20
May	April 19	April 30	May 25
June	May 17	May 29	June 22
July	June 21	July 2	July 27
August	July 19	July 30	August 24
September	August 16	September 4	September 28
October	September 20	October 1	October 26
November	October 18	October 29	November 23
December	December 15	November 26	December 20

## Class Schedule

LEVEL	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Level 1	9:30-10:50	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:05-12:25	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:40	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 2	9:30-10:50	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:05-12:25	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:40	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 3	9:30-10:50	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:05-12:25	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:40	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 4	9:30-10:50	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:05-12:25	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:40	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 5	9:30-10:50	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:05-12:25	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:40	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
Level 6	9:30-10:50	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Reading, Writing & Grammar	Optional Activities
	11:05-12:25	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	Listening, Speaking & Pronunciation	
	12:35-1:40	Special Interest Class	Special Interest Class	Special Interest Class	Special Interest Class	
TOEFL iBT	9:30-10:50	Reading/Writing	Reading/Writing	Reading/Writing	Reading/Writing	Independent Study
	11:05-12:25	Listening/Speaking	Listening/Speaking	Listening/Speaking	Listening/Speaking	
	12:35-1:40	Special Interest Class	Special Interest Class	Special Interest Class	TOEFL WORKSHOP	

COURSE DATES AND SCHEDULE



# ASC English

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

## 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

COUNTRY OF CITIZENSHIP

EMERGENCY CONTACT

NAME OF PERSON

RELATION TO PERSON

PHONE NO.

PASSPORT NUMBER

PASSPORT EXPIRATION DATE

APPLICATION FORM: PART 1



# ASC English

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

APPLICATION FORM: PART 2

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:**

**2011 - 2012 Sessions**

- Jan 4 - Jan 27     Mar 26 - Apr 20     Jul 3 - Jul 27     Oct 1 - Oct 26
- Jan 30 - Feb 24     Apr 30 - May 25     Jul 30 - Aug 24     Oct 29 - Nov 23
- Feb 27 - Mar 23     May 29 - Jun 22     Sep 4 - Sep 28     Nov 26 - Dec 20

<p><b>Agent's Information</b></p> <p>Company's Name: _____</p> <p>Contact: _____</p> <p>Country: _____</p> <p>Agent's email address _____</p> <p>Agent's mailing address: _____</p>	<p><b>Locations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Main Campus (1106 Commonwealth Ave.)</li> <li><input type="checkbox"/> Downtown Boston (65 Harrison Ave, 6<sup>th</sup> Floor)</li> </ul>
---	--

▲ **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 three eight-week sessions at ASC English.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

(If applicant is under 21)



# ASC English

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

## 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: \_\_\_\_\_

I authorize the above named business to charge the card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, and for the amount indicated above. I certify that I am an authorized user of this card and that I will not dispute the payment with my card company so long as the transaction corresponds to the terms indicated in this form. I also authorize ASC English to use this card information to charge further expenses for all future sessions during which I am obligated by federal regulations to be enrolled in classes.

### 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.

APPLICATION FORM: PART 3



# ASC English

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

**FINANCIAL STATEMENT (I-20 STUDENTS ONLY):**

I understand that I will need at least US\$1,420.00 each month in addition to the tuition cost \$4500.00 for six months at ASC (add \$500.00 per month per additional family member) for a minimum total of \$8500.00. 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)

**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