



ASC English

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

Application for Initial F-1 Students

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

- A completed application form including all required signatures
- Proof of financial certification (minimum required US \$9000), no more than 6 months old
- Copy of your passport

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

Health Insurance

It is a Massachusetts State Law that all students must have insurance, though you are not required to present proof of health insurance to ASC English. For more information about health insurance plans for international students, please contact our office.

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.

PERSONAL INFORMATION

LEGAL NAME IN FULL

LAST NAME FIRST NAME MIDDLE

FOREIGN/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

GENDER

MALE FEMALE

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DATE OF BIRTH

MONTH/DAY/YEAR

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

EMERGENCY CONTACT

NAME OF PERSON

RELATION TO PERSON

PHONE NO.

F-2 Dependents (Family members accompanying you):

NAME

DOB:

Country of Birth:

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:

2019 Sessions

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Jan 7– Feb 1 | <input type="checkbox"/> Apr 1 – Apr 26 | <input type="checkbox"/> Jun 24– Jul 19 | <input type="checkbox"/> Sep 30 – Oct 25 |
| <input type="checkbox"/> Feb 4 – Mar 1 | <input type="checkbox"/> Apr 29 – May 24 | <input type="checkbox"/> Jul 22 – Aug 16 | <input type="checkbox"/> Oct 28 – Nov 22 |
| <input type="checkbox"/> Mar 4– Mar 29 | <input type="checkbox"/> May 28 – Jun 21 | <input type="checkbox"/> Sep 3– Sep 27 | <input type="checkbox"/> Nov 25 – Dec 20 |

Where did you hear about ASC English?

- Friend (Full Name): _____
- Internet: _____ Newspaper
- Front sign College _____
- Other _____

Locations:

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

I have read and understand the information provided by

I understand and acknowledge the expenses for attending ASC English Boston and fully understand the refund policy. I am aware that the \$120.00 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.

Signature of applicant _____

Date _____

Signature of parent (if applicant is under 18 years old) _____

Date _____



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Payment options:

1. Pay in person by card, cash, or check
2. Pay online by filling out this form

REQUIRED PAYMENT FOR FIRST TIME ENROLLMENT

NON-REFUNDABLE APPLICATION FEE (One-time fee)	\$ 150.00
NON-REFUNDABLE TUITION DEPOSIT	\$ 250.00

Note: All tuition payments must be made in full prior to the beginning of the first class.

METHOD OF PAYMENT

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

Enclosed find payment of: _____

2) Please charge my (Select one) VISA MASTERCARD DISCOVER

CARDHOLDER NAME (PLEASE PRINT): _____

SIGNATURE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ Billing Zip Code: _____

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.

ASC also accept wire transfers for an additional cost of \$45.00. Our bank account information is as follows:

Account Name: ISSC Management, Inc.

Account #: 0046 4863 2179

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

Bank of America ABA# 026009593

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.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN (if under 18) _____ DATE: _____



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F-1 Initial Students Tuition and Fees

Application Fee for F-1 Initial Students	\$150	Non-refundable
Enrollment Deposit	\$250	Non-refundable
Global Express mailing (if necessary)	\$100	Non-refundable

Program	Tuition	Months
ESL/TOEFL	\$3,850	4

**All initial students (students coming from overseas) are required to study for 4 months. After the first 4 months, the student can discuss their class and payment options with the International Student Advisor