



ASC English

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

Application for Transfer Students

1. Please complete and sign this application form. If you are transferring your I-20 from another school, you will need the following documents before your application can be processed:

A copy of your passport, visa, previous I-20s, and I-94

Proof of financial certification in English and in US Dollars (minimum required US\$5000), no more than 6 months old.

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

<u>Mailing Address :</u>	<u>Fax :</u>	<u>Email :</u>
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 the International Student Officer.

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 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



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PHONE NUMBER

EMAIL ADDRESS

GENDER

MALE

FEMALE

DATE OF BIRTH

MONTH/DAY/YEAR

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

EMERGENCY CONTACT

NAME OF PERSON

RELATION TO PERSON

PHONE NO.

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

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

I CERTIFY THAT I WAS MOST RECENTLY A FULL-TIME STUDENT AT _____
NAME OF SCHOOL

AND THAT THE LAST DATE I ATTENDED CLASSES THERE WAS _____
LAST DATE OF ATTENDANCE

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 |

- Morning Class Afternoon Class Evening Class

Where did you hear about ASC English Boston?

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

Locations:

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



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REQUIRED PAYMENT FOR FIRST TIME ENROLLMENT

NON-REFUNDABLE APPLICATION FEE	\$120.00
NON-REFUNDABLE SUPER A PROGRAM TUITION DEPOSIT	\$250.00

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 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. 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.

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 Transfer Students Tuition and Fees

Application Fee for F-1 Transfer Students	\$120	Non-refundable
Enrollment Deposit	\$250	Non-refundable
Global Express mailing (if necessary)	\$100	Non-refundable

Transfer Student Pricing: Morning 21 hours/week			
Program	Months	Weeks	Tuition
ESL	1	4	\$925
ESL	2	8	\$1,770
ESL	3	12	\$2,550
ESL	4	16	\$3,320
ESL	5	20	\$4,125
ESL	6	24	\$4,800
TOEFL	1	4	\$1,100
TOEFL	2	8	\$2,100
TOEFL	4	16	\$3,530
Transfer Student Afternoon 18 hours/week			
Program	Months	Weeks	Tuition
ESL	1	4	\$850
ESL	2	8	\$1,600
ESL	3	12	\$2,325
ESL	4	16	\$3,040
ESL	5	20	\$3,750
Transfer Student Evening 18 hours/week			
Program	Months	Weeks	Tuition
ESL	1	4	\$800
ESL	2	8	\$1,500
ESL	3	12	\$2,200
ESL	4	16	\$2,900