



ASC English

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

Application for Change of Status 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 recommended US \$25,000), no more than 6 months old
- Additional documents required for Change of Status

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. We can only issue a refund to the original method of payment used at the time of purchase.

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.

WILL YOU HAVE ANY FAMILY MEMBER 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:
NAME	DOB:	Country of Birth:	RELATIONSHIP:

Current Visa Status: _____

2021 Sessions

2022 Sessions

- | | | | |
|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Jun 21 – Jul 16 | <input type="checkbox"/> Sep 27 – Oct 22 | <input type="checkbox"/> Jan 3– Jan 28 | <input type="checkbox"/> Mar 28 –Apr 22 |
| <input type="checkbox"/> Jul 19 – Aug 13 | <input type="checkbox"/> Oct 25 – Nov 19 | <input type="checkbox"/> Jan 31 – Feb 25 | <input type="checkbox"/> Apr 25 – May 20 |
| <input type="checkbox"/> Aug 30 – Sep 24 | <input type="checkbox"/> Nov 22 – Dec 17 | <input type="checkbox"/> Feb 28 – Mar 25 | <input type="checkbox"/> May 23 – Jun 17 |

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)

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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DISCLAIMER/WAIVER AND ACKNOWLEDGMENT

No employee of ASC is an attorney licensed by the Bar of any state or territory within the jurisdiction of the United States, and is not engaged in a public profession which requires licensing. However, as a result of being in the ESL profession, and the requirements pertaining to it, certain employees are familiar with the preparation of the I-539 form and can prepare said documents with the same expertise as a legal professional. All students, by this writing recognize the foregoing and further acknowledges as follows:

1. No employee at ASC has a purely statutory license to practice law;
2. Notwithstanding an ASC employee's skill, expertise, and long experience in student status changes, any statements by an ASC employee to a student regarding filing an I-539 are incidental, purely personal opinion, and are not be construed by a student as binding observations made by someone licensed to practice law.
3. The services offered by ASC are therefore strictly limited to DOCUMENT PREPARATION only.
4. Under the current Presidential Administration, the number of Change of Status approvals has been lower than under past administrations. Any student applying for a change of status with an ASC I-20 understands this and will be ready to leave the US promptly if the request is denied to avoid accruing unlawful presence in the United States.

This Acknowledgment and shall constitute a waiver by client for the requirement of any such license by any ASC employee for the purpose of this Agreement. Student further acknowledges that they have been encouraged to consult with attorneys regarding their legal rights and obligations, should they feel such a consultation to be necessary.

The student takes full responsibility for any documents prepared by ASC.

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

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.

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

Account Name: ISSC Management, Inc.

Account #: 4660 0825 3817 Bank of America ABA# 026009593

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

Change of Status Students Tuition and Fees

Application Fee for Change of Status Students	\$750 (\$150 if using a lawyer)	Non-refundable
Enrollment Deposit (1 st month tuition)	\$1050 (\$250 if using a lawyer)	\$1050 Only Refundable if C.O.S is DENIED by <u>USCIS</u> . <i>Not refundable for any other reason</i>

Program	Tuition	Months	Materials
ESL/TOEFL	\$3850*	4	\$116

*You must enroll for at least 4 months of class after the change of status is approved

SIGNATURE OF APPLICANT: _____ DATE: _____

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