



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

## 2023 Sessions

## 2024 Sessions

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Jun 20 – Jul 14 | <input type="checkbox"/> Sep 25 – Oct 20 | <input type="checkbox"/> Jan 8– Feb 2   | <input type="checkbox"/> Apr 1–Apr 26    |
| <input type="checkbox"/> Jul 17 – Aug 11 | <input type="checkbox"/> Oct 23 – Nov 17 | <input type="checkbox"/> Feb 5– Mar 1   | <input type="checkbox"/> Apr 29 – May 24 |
| <input type="checkbox"/> Aug 28 – Sep 22 | <input type="checkbox"/> Nov 20 – Dec 15 | <input type="checkbox"/> Mar 4 – Mar 29 | <input type="checkbox"/> May 28 – Jun 21 |

### 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, 6<sup>th</sup> 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. Please contact ASC for the wire transfer information.

## Change of Status Students Tuition and Fees

Application Fee	\$150	Non-refundable
Document Review Fee for Change of Status	\$800 if by ASC	Non-refundable
Enrollment Deposit (1 <sup>st</sup> month tuition)	\$1050 (\$250 if using a lawyer)	\$1050 <b>Only</b> Refundable if C.O.S is <b>DENIED</b> by USCIS. <i>Not refundable for any other reason</i>
Complicated Request for Evidence (REF)	\$250	Non-refundable (only apply to complicated REF cases)

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

\*You must enroll for at least 4 months in the morning classes after the status change is approved SIGNATURE

OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN (if under 18) \_\_\_\_\_ DATE: \_\_\_\_\_