Student Application

Students are expected to have a basic vocabulary, understand very simple oral language, and be able to write simple sentences in English. Students who have successfully completed at least one year of English as part of their school studies or one course at a language institute or have other English experience typically satisfy the basic knowledge requirement. Students who are not sure if they meet this minimum requirement should submit a short sample of their writing with their application.

Application Instructions

After submitting this application, you will be contacted and asked to supply the following documents and payments:

- an official copy and English translation of your high school or university grades
- an official financial support statement from your bank, sponsor, or guardian certifying that you have at least US $6,500 available for each term at INTERLINK
- a photocopy of your passport (identity page) and of dependents’ passports (if applicable)
- $100.00 non-refundable application fee
- a $65 express mail fee (optional)

Payment Options:

- Bank Wire - Contact the center you wish to attend for wiring instructions. See information below.
- Credit Card - Visit the Student Application Process page at https://interlink.edu/student-resources/prospective-students/student-application-process/. Under Payment Options find the credit card authorization form. Download, print, and mail it to the center of your choice.

Fax, mail or e-mail application materials directly to the appropriate center:

<table>
<thead>
<tr>
<th>INTERLINK Language Center</th>
<th>INTERLINK Language Center</th>
<th>INTERLINK Language Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indiana State University</strong></td>
<td><strong>Seattle Pacific University</strong></td>
<td><strong>Montana State University</strong></td>
</tr>
<tr>
<td>Root Hall, Room A141S</td>
<td>4 Nickerson Street, Suite 200</td>
<td>330 Culbertson Hall</td>
</tr>
<tr>
<td>Terre Haute, Indiana 47809</td>
<td>Seattle, WA 98109</td>
<td>P.O. Box 170550</td>
</tr>
<tr>
<td>USA</td>
<td>USA</td>
<td>Bozeman, MT 59717-0550</td>
</tr>
<tr>
<td>Fax: +1 (812) 237-8031</td>
<td>Fax: +1(206) 801-3778</td>
<td>USA</td>
</tr>
<tr>
<td>Tel: (812) 237 - 8026</td>
<td>Tel: (206) 378-5308</td>
<td>Tel: (406) 994-3807</td>
</tr>
<tr>
<td>Email: <a href="mailto:isu@interlink.edu">isu@interlink.edu</a></td>
<td>Email: <a href="mailto:spu@interlink.edu">spu@interlink.edu</a></td>
<td>Email: <a href="mailto:msu@interlink.edu">msu@interlink.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERLINK Language Center</th>
<th>INTERLINK Language Center</th>
<th>INTERLINK Language Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St. Ambrose University</strong></td>
<td><strong>The University of North Carolina at Greensboro</strong></td>
<td><strong>Valparaiso University</strong></td>
</tr>
<tr>
<td>518 W. Locust Street</td>
<td>4 Nickerson Street, Suite 200</td>
<td>60 University Dr. Suite 100</td>
</tr>
<tr>
<td>Davenport, IA 52803</td>
<td>Seattle, WA 98109</td>
<td>Valparaiso, Indiana 46383</td>
</tr>
<tr>
<td>USA</td>
<td>USA</td>
<td>USA</td>
</tr>
<tr>
<td>Fax: (303) 278-8337</td>
<td>Fax: (336) 334-4701</td>
<td>Fax: (219) 464-6846</td>
</tr>
<tr>
<td>Tel: (593) 333-5920</td>
<td>Tel: (336) 334-4700</td>
<td>Tel: (219) 464-5518</td>
</tr>
<tr>
<td>Email: <a href="mailto:sau@interlink.edu">sau@interlink.edu</a></td>
<td>Email: <a href="mailto:uncg@interlink.edu">uncg@interlink.edu</a></td>
<td>Email: <a href="mailto:vu@interlink.edu">vu@interlink.edu</a></td>
</tr>
</tbody>
</table>
I. Required Information
Please fill out all the information in this section. If you omit any required information, your application will be considered incomplete. Where applicable, enter the information as it appears on your passport.

Please select the center you wish to attend:

☐ Indiana State University
☐ Montana State University
☐ Seattle Pacific University
☐ St. Ambrose University
☐ The University of North Carolina at Greensboro
☐ Valparaiso University

Family Name: ____________________________________
First Name:  _____________________________________
Email Address: ___________________________________
Home Phone: _______________________________
Cell Phone: _______________________________
Fax Number: _____________________________________
Date of Birth: Day______ Month______ Year______

Your Date of Birth must be the same as on your passport.

Gender:  ☐ Male    ☐ Female

Marital Status:  ☐ Married    ☐ Unmarried
If married, will your family accompany you?    ☐ Yes    ☐ No
If yes, complete Part III below.

Country of Birth: ________________________________
Country of Citizenship: __________________________
Address (residence)
Do not leave any section blank. If there is no State or Province or no Postal Code, write “none.”
P.O. Box or Street Number: __________________________
City: _________________________________
State or Province: ______________________________
Postal Code: ________________________________
Mailing Address

*If your mailing address is the same as your residence, write “same” below. If your mailing address is different, write your complete mailing address below.*

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Expected start of INTERLINK studies: Month_____ Year_____

Emergency Contact

Name: ____________________________________________

Address: __________________________________________________________________

Home Phone: ____________________________

Cell Phone: ____________________________

Work Phone: ____________________________

Email: ____________________________

Fax Number: ____________________________

II. Academic Information

How many weeks do you expect to study at INTERLINK? _________

What do you plan to do after you study at INTERLINK?

☐ Study for BA/BS  ☐ Study for MA/MS  ☐ Study for PhD

☐ Return home  ☐ Travel in the US  ☐ Other ____________

Where did you first hear about INTERLINK?

☐ Friend  ☐ INTERLINK Website  ☐ Social Media:

☐ Relative  ☐ Study Abroad Agency  ☐ Facebook

☐ INTERLINK Student  ☐ Internet Search  ☐ Twitter

☐ USIS Advertising  ☐ Fulbright Office  ☐ LinkedIn

☐ INTERLINK Center  ☐ INTERLINK Advertisement  ☐ Other

☐ INTERLINK Representative  ☐ New Mind  ☐ Other:

☐ Transferred from other Language Program
Highest education level completed: □ Secondary □ University

Your field of study (major): ________________________________________________

Standardized English test (Optional)

Name of test: □ TOEFL □ TOEIC □ Michigan □ Other __________ □ None

Score: __________________________________________

Date: Day_____ Month _____ Year _____

Rank your English ability

Speaking: □ Very Good □ Good □ Fair □ Poor □ No Ability

Listening: □ Very Good □ Good □ Fair □ Poor □ No Ability

Reading: □ Very Good □ Good □ Fair □ Poor □ No Ability

Writing: □ Very Good □ Good □ Fair □ Poor □ No Ability

Have you studied in the US before? □ Yes □ No

If yes, name of program: __________________________________________________

Address of program: _______________________________________________________

Rank housing options in order of your preference:

1st Choice: □ No Housing Assistance Needed □ University Residence Hall

□ Host Family □ Apartment

2nd Choice: □ No Housing Assistance Needed □ University Residence Hall

□ Host Family □ Apartment

3rd Choice: □ No Housing Assistance Needed □ University Residence Hall

□ Host Family □ Apartment

Do you have any physical disability or health problems that require special assistance? □ Yes □ No

If yes, explain: __________________________________________________________________________
Who will finance your education in the US?  □ Self  □ Family  □ Government  □ Other
If other, please specify: _______________________________________________________

Do you wish to receive your admission materials via express mail?  □ Yes  □ No
The charge for this service is $65

III. Family Members
If family members will accompany you to the U.S., you must provide information for each one. Information must be exactly as it appears on passport.

Spouse
Full Name_______________________________________________________________
Date of Birth: Day_____  Month_____  Year_____  
Country of Birth: ______________________________________________________
Country of Citizenship: ________________________________________________

Child 1
Full Name: _____________________________________________________________
Date of Birth: Day_____  Month_____  Year_____  
Gender:  □ Male    □ Female
Country of Birth: ______________________________________________________
Country of Citizenship: ________________________________________________

Child 2
Full Name: _____________________________________________________________
Date of Birth: Day_____  Month_____  Year_____  
Gender:  □ Male    □ Female
Country of Birth: ______________________________________________________
Country of Citizenship: ________________________________________________

Child 3
Full Name: _____________________________________________________________
Date of Birth: Day_____  Month_____  Year_____  
Gender:  □ Male    □ Female
Country of Birth: ______________________________________________________
Country of Citizenship: ________________________________________________
Child 4
Full Name: ____________________________________________

Date of Birth: Day_____ Month_____ Year_____

Gender:  □ Male    □ Female

Country of Birth: ______________________________________

Country of Citizenship: _________________________________

Agreement Terms

I understand that upon admission to INTERLINK I must abide by the rules of the Center and the University. I, and/or my sponsor, will be fully responsible for the cost of my studies while at INTERLINK. Further, I authorize release of my credentials and of my medical records for medical and insurance purposes; I also authorize treatment of any illness or injury by qualified health personnel during my attendance at INTERLINK.

☐ I AGREE

________________________________________  _____________
Applicant or Sponsor Signature                Date