



Application Instructions

Please fill out all the information on the following pages and fax, mail, or email the application directly to the center to which you are applying (see the addresses at the bottom of this page).

When your application is received, 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 transcript
- an official financial support statement from your bank, sponsor, or guardian, certifying that you have available funds for your first term at INTERLINK.
 - At least US \$6,500 must be available for students at Indiana State University, Montana State University, and the University of North Carolina at Greensboro
 - At least US \$2,900 must be available for students at Seattle Pacific University
- a photocopy of your passport (identity page) and of dependents' passports (if applicable)
- \$100.00 non-refundable application fee + a \$65 express mail fee

Payment Options

- Credit Card:
 - Online: Pay at <https://interlink.edu/online-payment/>, or
 - Credit Card Form: Fill out the Credit Card Authorization Form, included at the end of this document, and submit it to the center of your choice together with this application.
- Bank Wire: Contact the center you wish to attend for wiring instructions. See info below.

INTERLINK Language Center Indiana State University 424 N. 7 th St., Root Hall, Room A141 Terre Haute, Indiana 47809 USA Fax: +1 (812) 237-8031 Tel: (812) 237-8026 Email: isu@interlink.edu	INTERLINK Language Center Montana State University 330 Culbertson Hall P.O. Box 170550 Bozeman, MT 59717-0550 USA Tel: (406) 994-3807 Email: msu@interlink.edu
INTERLINK Language Center Seattle Pacific University 4 Nickerson St., Suite 200 Seattle, WA 98109 USA Fax: +1(206) 801-3778 Tel: (206) 378-5308 Email: spu@interlink.edu	INTERLINK Language Center The University of North Carolina at Greensboro Foust Building, Room 025 Greensboro, North Carolina 27402 USA Fax: (336) 334-4701 Tel: (336) 334-4700 Email: uncg@interlink.edu

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
- The University of North Carolina at Greensboro

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 you 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? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> INTERLINK Website | <input checked="" type="checkbox"/> Social Media: |
| <input type="checkbox"/> Relative | <input checked="" type="checkbox"/> Study Abroad Agency | __ Facebook |
| <input type="checkbox"/> INTERLINK Student | <input type="checkbox"/> Internet Search | __ Twitter |
| <input checked="" type="checkbox"/> INTERLINK Alum | <input type="checkbox"/> Fulbright Office | __ LinkedIn |
| <input type="checkbox"/> INTERLINK Center | <input type="checkbox"/> INTERLINK Advertisement | __ Other |
| <input checked="" type="checkbox"/> INTERLINK Representative | <input checked="" type="checkbox"/> New Mind | Please specify_____ |
| <input checked="" type="checkbox"/> Transferred from other language program | | |
| <input checked="" type="checkbox"/> Other: Please specify_____ | | |

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

Are you transferring from another ESL program in the U.S.? Yes No

Have you studied in the U.S. 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 (if available)

Apartment

2nd Choice: No Housing Assistance Needed

University Residence Hall

Host Family (if available)

Apartment

3rd Choice: No Housing Assistance Needed

University Residence Hall

Host Family (if available)

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: _____

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. If not, skip this section.

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 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 (month/day/year)



Credit Card Authorization Form

If you wish to pay your fees with a credit card, print this form, complete it, and fax or mail it to the address of the center you where you would like to attend (see the INTERLINK center addresses on the first page of the application). Do not send this information via email/internet. Please print clearly.

Student's First Name: _____

Student's Last Name: _____

1. Fill in the amount for each applicable item below and write the total in the space provided:

Application fee (\$100)	\$
Express mail fee (\$65)	\$
On-campus housing deposit (\$100-\$250, depending on location)	\$
Homestay application fee (\$200, depending on location)	\$
Total amount to be charged to your credit card	\$

** A 2% transaction fee will be added to the total*

2. Credit Card Information:

Type of card: Visa MasterCard

Card Number																	
Expiration Date					Security Code												

(month) / (year)

3. Cardholder's name (please print): _____

4. Signature of cardholder: _____

5. Billing address

Street: _____

City: _____ State/Province: _____

Country: _____ Zip Code: _____

6. Phone: _____

7. Email: _____

Today's Date (month / day / year): _____