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/](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.

<table>
<thead>
<tr>
<th>INTERLINK Language Center</th>
<th>INTERLINK Language Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indiana State University</strong></td>
<td><strong>Montana State University</strong></td>
</tr>
<tr>
<td>424 N. 7th St., Root Hall, Room A141</td>
<td>330 Culbertson Hall</td>
</tr>
<tr>
<td>Terre Haute, Indiana 47809</td>
<td>P.O. Box 170550</td>
</tr>
<tr>
<td>USA</td>
<td>Bozeman, MT 59717-0550</td>
</tr>
<tr>
<td>Fax: +1 (812) 237-8031</td>
<td>USA</td>
</tr>
<tr>
<td>Tel: (812) 237-8026</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:msu@interlink.edu">msu@interlink.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERLINK Language Center</th>
<th>INTERLINK Language Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seattle Pacific University</strong></td>
<td><strong>The University of North Carolina at Greensboro</strong></td>
</tr>
<tr>
<td>4 Nickerson St., Suite 200</td>
<td>Foust Building, Room 025</td>
</tr>
<tr>
<td>Seattle, WA 98109</td>
<td>Greensboro, North Carolina 27402</td>
</tr>
<tr>
<td>USA</td>
<td>USA</td>
</tr>
<tr>
<td>Fax: +1(206) 801-3778</td>
<td>Fax: (336) 334-4701</td>
</tr>
<tr>
<td>Tel: (206) 378-5308</td>
<td>Tel: (336) 334-4700</td>
</tr>
<tr>
<td>Email: <a href="mailto:spu@interlink.edu">spu@interlink.edu</a></td>
<td>Email: <a href="mailto:uncg@interlink.edu">uncg@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
❑ 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)
❑ Friend               ❑ INTERLINK Website              Social Media:
❑ Relative              Study Abroad Agency       ❑ Facebook
❑ INTERLINK Student     ❑ Internet Search            ❑ Twitter
     INTERLINK Alum     ❑ Fulbright Office       ❑ LinkedIn
❑ INTERLINK Center      ❑ INTERLINK Advertisement  ❑ Other
     INTERLINK Representative   New Mind  Please specify_______
   Transferred from other language program
   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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application fee ($100)</td>
<td>$</td>
</tr>
<tr>
<td>Express mail fee ($65)</td>
<td>$</td>
</tr>
<tr>
<td>On-campus housing deposit ($100-$250, depending on location)</td>
<td>$</td>
</tr>
<tr>
<td>Homestay application fee ($200, depending on location)</td>
<td>$</td>
</tr>
<tr>
<td>Total amount to be charged to your credit card</td>
<td>$</td>
</tr>
</tbody>
</table>

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

2. Credit Card Information:

Type of card:  ❑ Visa  ❑ MasterCard

<table>
<thead>
<tr>
<th>Card Number</th>
<th>Expiration Date</th>
<th>Security Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(month) / (year)</td>
<td></td>
</tr>
</tbody>
</table>

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): ____________________________________________