

STUDENT INFORMATION

PLEASE LEGIBLY COMPLETE THIS APPLICATION FORM IN ITS ENTIRETY.

Today's Date: ___/___/___ <small>(MM/DD/YYYY)</small>	Course Start Date: ___/___/___ <small>(MM/DD/YYYY)</small>	Course End Date: ___/___/___ <small>(MM/DD/YYYY)</small>	Total: _____ Term(s)
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Program Selected: <input type="checkbox"/> Intensive English (\$2400 / 10 weeks) <input type="checkbox"/> TOEFL iBT Prep. (\$2400 / 10 weeks) <input type="checkbox"/> Professional English (\$2400 / 10 weeks)	Class Schedule: <input type="checkbox"/> Morning Session (Monday-Thursday: 9:00am - 1:30pm) <input type="checkbox"/> Evening Session (Monday-Thursday: 5:00pm-9:30 pm) <input type="checkbox"/> Weekend Session (Friday-Saturday: 9:00am-6pm)
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Full Name (First, MI, Last): _____ Passport Number: _____

Date of Birth (MM/DD/YYYY): ___/___/___ City of Birth: _____ Country of Birth: _____ Country of Citizenship: _____

Phone#: _____ E-mail: _____
 Dependent(s)? Spouse Children (How many ? ___) Type : School transfer Initial Attendance Change of Status

Current Address in the US: (Street) _____ (Apt#): _____
 City: _____ State: _____ Zip: _____

Permanent Address (International Students):
 (Street) _____
 Apt or Unit# _____ City/State: _____ Country: _____ Postal Code: _____

Emergency Contact Name in the US: _____ Relationship: _____
 Emergency Phone# Daytime: _____ Emergency Phone# Evening: _____

TELL US MORE ABOUT YOURSELF

1. How did you hear about us? Ads (TV, Newspaper, flyers, etc.) Google Facebook Other websites:
 Current/former NYC Global Center Students Friends Agents Other:
2. What is your goal in studying English? University (US) University (Overseas) Work (US) Work (Overseas) Other:
3. Please list the English language schools/programs you attended in the U.S.: _____
4. What is your educational background? High School Graduate Associate's Degree Bachelor's Degree Master's/Ph.D. Other
5. How long have you been in the U.S?: _____ year(s) _____ month(s)

FINANCIAL SPONSOR INFORMATION

Sponsor's Name: _____ Relationship: _____

Address: (Street) _____ (Apt#): _____

City: _____ State: _____ Zip: _____ Telephone: _____

OFFICE USE ONLY

1. Starting Date: ___/___/___ Amount Paid: \$ _____ Balance Due: \$ _____

2. Method of Payment: Cash Check Credit Card: _____ Wire Transfer Invoice

3. Initial Placement: _____ Registered Student File Made

4. By signing below, I attest that I have reviewed this application/Enrollment Agreement, and I have found it to be accurate and complete to the best of my knowledge. I will give a signed copy of this agreement to the student.

Signature of Admissions Staff: _____ Date: ___/___/___

STUDENT SIGNATURE

Student Signature: _____ Date: ___/___/___