ADULT PROGRAMS APPLICATION FORM

For Junior Programs please see the *Junior Program Application Form/Refund & Cancellation* available at **cisl.edu**

PERSONAL INFORMATION

Exactly as it appears on your passport:

Name	☐ Mr. ☐ Ms. *Last*	*First*	*Middle*		
Address (Permanent)	*Street*		*City*		
	State or Province	*Zipcode*	*Country*		
Email Address					
Telephone		Country of Citizenship			
Date of Birth	Month: Day: Year: *(e.g. January 20, 1980)*	City of Birth		Country of Birth	

Emergency Contact Name		Telephone		City/ Country	
Relationship		Email Address			

How did you hear about CISL?_____

For students applying for F-1 visas:

Will you need an I–20 form for a student visa? ☐ Yes ☐ No *(A student visa is **required** for all courses over 20 lessons per week.)*
If you checked 'yes,' be sure to include a copy of your passport and your financial statement with your application.

Are you transferring from another school? ☐ Yes ☐ No If yes, name of current/previous school:_____
Contact Information:_____

Express mail delivery of documents is available upon request for $60-$125 depending on your location. This fee is not refundable.
Do you want CISL to send your I-20 by express mail? ☐ Yes ☐ No

COURSE SELECTION

CISL Location	☐ San Diego ☐ San Francisco	Number of Weeks	
Start Date	Month: Day: Year:	End Date	Month: Day: Year:

Morning Courses *(9:00am - 12:40pm)*

☐ Standard (20)
☐ Executive English
☐ Global Success
☐ Cambridge First (20)
☐ Cambridge Advanced (20)
☐ Cambridge First (28) *(San Diego only)*
☐ Cambridge Advanced (28) *(San Diego only)*
☐ TOEFL Prep (20)
☐ IELTS (20) *(San Diego only)*
☐ No Morning

Afternoon Electives *(1:30pm - 3:10pm)*

☐ Business English
☐ English for Academic Purposes (EAP)
☐ English in Use (San Francisco only)
☐ Conversational English (San Diego only)
☐ No Afternoon Elective

Supplemental Programs

☐ Academic Year Program ☐ Pathway Program Career English: ☐ Option A ☐ Option B

Private Lessons

How many private lessons do you want per week?
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 other:_____ Premier? ☐ yes ☐ no

ARRIVAL INFORMATION

Date of Arrival	Month: Day: Year:	Time of Arrival	
Airline		Flight No.	

Would you like CISL to arrange a transfer service between the airport and your accommodation?

☐ Yes: Transfer from airport* ☐ Shared (SF only) ☐ Individual Transfer to airport* ☐ Shared (SF only) ☐ Individual ☐ No airport transfer is requested

** For airport transfer pricing information, please see page 12.*

ACCOMMODATION

Would you like us to arrange housing for you? ☐ Yes ☐ No

I would like: ☐ Homestay ☐ Student Residence Arrival date:_____ Departure date:_____

What type of room would you like? ☐ Private ☐ Shared

What type of bathroom would you like? ☐ Private *(Executive students)* ☐ Shared

Name of Student Residence Club: First preference:_____Second preference:_____

HOMESTAY PREFERENCES

Preferred meal plan ☐ Breakfast Only ☐ Breakfast and Dinner

Can you live with small children? ☐ Yes ☐ No

Can you live with cats? ☐ Yes ☐ No

Can you live with dogs? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Can you live with smokers? ☐ Yes ☐ No

Do you have any allergies? ☐ Yes ☐ No (If yes, explain:)_____

Do you take any specific medication that we should know about?_____

What are your hobbies?_____

What is your occupation?_____

Any special requests?_____

CISL will contact you to confirm the availability of the accommodation you have requested.

PAYMENT INFORMATION

I authorize CISL to charge a total payment of: $_____

Payment Method	☐ Bank Wire Transfer ☐ Credit Card (Visa/MasterCard) ☐ Pay to Study ☐ Western Union *We will contact you with bank wire information.*						
Credit Card No.		Card Holder Name		Expiration Date		CVC Code	
Billing Address for Credit Card							
Please note that the $120 non-refundable registration fee is due with the application to confirm enrollment.		Credit card authorization signature required:					

Agreement: This agreement is a legally binding instrument when signed by me and accepted by the school. I have read, understood, and agree to the terms and conditions, the refund and cancellation policy, schedule, prices, and starting dates. I confirm that I have sufficient funds to pay all of the necessary costs of my course, accommodation, and other necessities during my entire program at CISL. In the event that I become unconscious or incapacitated due to illness or injury while at the school or accommodation, I grant permission for the staff to take necessary measures for providing examination and treatment. I understand that I will be responsible for the expenses incurred for this emergency medical attention.
Any questions or concerns regarding entering the United States that have not been answered or resolved by the school, must be directed to my local consulate or Embassy, or U.S. Immigration and Customs Enforcement (ICE) (www.ice.gov).

Photo Release: Students agree to allow photos and video taken during the program to be used for publicity purposes.

Medical Insurance Requirement: I understand that medical treatment in the United States is very expensive and that I have been advised to obtain medical insurance that is valid in the United States before traveling to this country.

_____
Applicant Signature *(Required to process application)*

_____
Parent/Guardian Signature *(Required if applicant is under 18 years of age)*

_____
Name of Parent/Guardian *(if applicable)*

_____
Date