



CISL ADULT PROGRAMS APPLICATION FORM

PERSONAL INFORMATION

Exactly as it appears on your passport:

Name	<input type="checkbox"/> Mr.				
	<input type="checkbox"/> Ms.				
	 <i>Last</i> <i>First</i> <i>Middle</i>	
Address (Permanent) <i>Apt/House</i>	 <i>Street</i>	 <i>City</i>
 <i>State or Province</i>	 <i>Zipcode</i>	 <i>Country</i>
Email Address					
Telephone			Country of Citizenship		
Date of Birth <small>(e.g. January 20, 1982)</small>	Month:	Day:	Year:	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	<input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco		Number of Weeks				
Start Date	Month:	Day:	Year:	End Date	Month:	Day:	Year:

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

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

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

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

Supplemental Programs

- Academic Year Program
 Pathway Program
 Career English

Private Lessons

How many private lessons do you want per week?

- 5
 10
 15
 20
 25
 30
 other: _____
 Premier? yes no

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* Transfer to airport* No airport transfer is requested
 Shared (SF only) Individual Shared (SF only) Individual

* For airport transfer pricing information, go to: cisl.edu/cisl-student-life/airport-transfers

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 (Homestay shared bedrooms SF only)

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	<input type="checkbox"/> Bank Wire Transfer		<input type="checkbox"/> Credit/Debit Card		<input type="checkbox"/> Pay to Study		<input type="checkbox"/> Western Union
<small>We will contact you with bank wire information.</small>							
Credit Card No.		Card Holder Name		Expiration Date		CVC Code	
Billing Address for Credit Card							
Please note that the \$125 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/embassy or U.S. Immigration and Customs Enforcement (ICE) (www.ice.gov).

Photo Release: Students agree to allow photos and videos 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