

# Language Center International

17515 West Nine Mile Road, Suite 600

Southfield, MI 48075

Phone: (248) 355-5506

Fax: (248) 355-5576

E-mail: info@languagecenter.us

## APPLICATION FOR ADMISSION

**This application must be accompanied by a non-refundable \$50.00 (U.S.) application fee.**

PLEASE PRINT

Name \_\_\_\_\_  
Family First Middle

Overseas Address (required for I-20)  
 \_\_\_\_\_  
 \_\_\_\_\_

U.S. Mailing Address (if known)  
 \_\_\_\_\_  
Number Street Apt.  
 \_\_\_\_\_  
City State Zip Code County

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_ Sex: \_\_\_Male \_\_\_Female

Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Month/Day/Year Country issuing Passport

Country of Birth \_\_\_\_\_ First Language \_\_\_\_\_

U.S. Visa currently held: \_\_\_\_\_ Expiration date on I-94 (if in the U.S.): \_\_\_\_\_

Current SEVIS I-20 number (if known): \_\_\_\_\_

Please list the schools you have attended in the U.S. and dates:  
 \_\_\_\_\_  
 \_\_\_\_\_

Choose the term you would like to **begin** your studies:

2018 Term Dates			
Choose your Term with a <input type="checkbox"/>	Term Dates	Choose your Term with a <input type="checkbox"/>	Term Dates
<input type="checkbox"/>	2018 January 8 - February 23	<input type="checkbox"/>	2018 June 25 - August 3
<input type="checkbox"/>	2018 March 5 - April 27	<input type="checkbox"/>	2018 September 4 - October 19
<input type="checkbox"/>	2018 May 7 - June 15	<input type="checkbox"/>	2018 October 29 - December 14

I certify that the information provided in this application is correct and complete, that I am aware of the costs and **payment and refund policies** of the LCI program, and funds are available and will be provided to LCI as required.

Student's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**I-20 REQUEST ONLY:** Applicants requesting an I-20 must provide the following information and complete the I-20 Request form.

**SPOUSE AND/OR DEPENDENTS:** List the **NAME, BIRTH DATE, AND COUNTRY OF BIRTH** of your spouse and/or children **if they will accompany you to the U.S.:**

Name	Birth Date	Country of Birth	Relationship to Student
------	------------	------------------	-------------------------

---

---

---

**FINANCIAL SUPPORT:** An applicant must show that he/she has the financial ability to support himself/herself while studying in the United States. An **ORIGINAL, OFFICIAL BANK STATEMENT** issued by a financial institution substantiating the funds available must be provided by the student and/or the individual sponsor(s). Officially recognized organizations, governments, institutions or agencies must provide an official letter of sponsorship on letterhead. For a student to remain in the U.S. for one year a financial support document must provide evidence of at least **\$19,242**. If you have dependents, please ask LCI for the amount necessary.

**SOURCE OF FINANCIAL SUPPORT:** Check all which apply

- Student's personal funds
- Sponsor
- Other means of support Specify type: \_\_\_\_\_

**SPONSOR'S STATEMENT**

The undersigned accepts full responsibility for the payment of the school and living expenses of the above-named student during his/her term(s) of study at LCI.

---

Complete Name Printed

---

Complete Mailing Address

---

Complete Phone Number

---

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH STATEMENT:** Applicants under 18 years of age must have their sponsor complete this statement.

I grant permission in case of injury or illness to refer the above-named student to an appropriate medical center or outside physician for examination or treatment, and to release information about the student's health to other concerned parties.

---

Signature of Sponsor \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**PAYMENT POLICY:** **Applicable to all new LCI students.**

**Full payment of tuition is due on or before the first day of class.** Students will not be admitted to class until payment is received. LCI accepts cash, personal checks, and MasterCard/Visa. Use of credit cards not in the student's name must be authorized in writing by the card holder.

**REFUND POLICY:** **Applicable to all new LCI students.**

All LCI applicants must read and sign the Refund and Cancellation Policy.