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:

2027 Term Dates			
Choose your Term with a √	**Term Dates**	**Choose your Term with a √**	**Term Dates**
	January 11 - February 26		June 28 - August 13
	March 1 - April 16		September 7 - October 21
	May 3 - June 18		November 1 - December 17

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 **$22,885**. 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 Complete Email Address

_____ _____
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, Discover, And American Express credit cards. 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.