

APPLICATION
American Collegiate English
Grossmont College

Check the ACE session for which you are applying:

- Summer Intensive - 8-week program starting in May or June
 Fall Academic - 14-week program starting in August
 Spring Academic - 14-week program starting in January

Starting Date: _____

Complete this form and send it with a check, money order, or credit card number for the nonrefundable application fee of \$125 to the following address. **In addition, send all other required documents so that we may issue your I-20.**

American Collegiate English Program Or email application and documents to ace.grossmont@gcccd.edu
Grossmont College
8800 Grossmont College Drive For more info +1-619-644-7293 or Skype *ACE Grossmont College*
El Cajon, CA 92020-1799, USA www.grossmont.edu/ace

Personal Information

Family Name	First (Given) Name	Middle Name	Nickname
Country of Citizenship	Country of Birth	/ / Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Your native language(s): _____

Address in Home Country (All applicants must provide the home country address)

Street / Number: _____
City / State or Province: _____
Country / Postal Code: _____
Telephone (with all codes): _____
Email: _____

Address in USA (Required for transfer students only)

Street / Number: _____
City / State or Province: _____
Country / Postal Code: _____

Friend or family member in USA (Optional)

Name: _____ Relationship: _____
Street Address: _____
City / State / Postal Code _____ Phone: _____
Email: _____

Educational Information

1. Do you have a high school diploma? Yes: No:
If no, when will you receive your high school diploma? / / (mm/dd/yyyy)
2. Can you communicate in English at an intermediate (middle) level? Yes: No:
If no, please visit our website www.grossmont.edu/ace, click on the link *Is ACE Right for You?* and take the self-assessment test.
3. Have you ever taken the TOEFL? Yes: No: If yes, what was your score? _____
4. Do you plan to earn an American college or university degree? Yes: No:
If yes, to which college(s) or university(s) do you plan to apply: _____

Are you now in the United States? Yes: No:

(Applications for students applying from their own countries must be completed at least one month prior to the start of the session.)

If you are in the U.S., what kind of visa do you have? F-1 F-2 B-2 J-1 Other: _____

If you are on an F-1 visa, what school issued your current I-20? _____

Financial Responsibility

Read the following statement carefully and sign below to indicate that you understand and agree with all terms:

I understand that foreign nationals who come to the U.S. as language school students are expected to attend school a minimum of 18 hours per week, that no student should expect to hold a job, and that scholarships and financial aid are generally not available to visa students. I accept responsibility for my tuition, housing, and other living expenses.

Signature

Date

Medical Responsibility

Check One:

- I have medical insurance for my stay in the U.S. I will arrange for medical insurance and provide ACE with documentation

Insurance Provider (Company Name): _____

Insurance Policy Number: _____

In case of injury or illness, I grant permission for medical personnel to examine and treat me as necessary.

Signature

Date

How did you learn about the ACE Program?

- | | |
|---|--|
| <input type="checkbox"/> Friend or Relative
(name) _____ | <input type="checkbox"/> Language school
(name) _____ |
| <input type="checkbox"/> Agency (name) _____ | <input type="checkbox"/> Website (name) _____ |
| <input type="checkbox"/> Magazine / other print ad _____ | <input type="checkbox"/> Other (please specify) _____ |

Housing: Would you like to receive information on homestay programs? Yes No

Confirmation of Acceptance:

ACE must mail the original I-20 directly to the student. Please mail the acceptance letter and I-20 by (choose one):

- Air mail (First class mail within the U.S. Not trackable. Not recommended for overseas mailing.)
 Express courier service. I am including an additional \$50 for this service. (Trackable, fast, secure. Recommended.)

Name and address for I-20 mailing: _____

Phone: _____

Email: _____

I verify that all information provided on this form is accurate to the best of my knowledge.

Signature of Student (or representative)

Date