



CES COLLEGE

Application for Admission

STUDENT INFORMATION:

Family Name First Name Middle Name Birth Date: Month/Day/Year

Gender Male Female Country of Birth Country of Citizenship

Address:

Street City State/Province Post Code Country

Telephone Fax e-mail

Emergency Contact Information: Name Telephone

Status: You will be attending as: International Student (F-1 Visa) Other

Education Completed: High School 2-year College University or higher

Program Preferences

Courses: EFL TOEFL

Number of Months Attending:

1 month 2 months 3 months 4 months 5 months 6 months

You wish to begin at CES:

Winter: December January February Summer: June July August

Spring: March April May Fall: September October November

Will you need CES to issue I-20: Yes No

**OPTIONAL SERVICES**

**Airport Pick-up**                     Yes                     No

Flight Information:    Arrival date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline: \_\_\_\_\_ Flight#: \_\_\_\_\_

I do NOT have my flight information. I will inform CES as soon as possible

**Housing Placement Service**                     Yes                     No

- Homestay with meals
- Homestay w/out meals
- Apartment single
- Apartment shared (limited availability)

Please list any health problems, allergies or foods you cannot eat:

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Please state any other comments or preferences:

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**Statement of Financial and Health Responsibility:**

I acknowledge that I have read, understood and agreed to all the terms in this application. I certify that I will be fully responsible for all expenses, including, but not limited to school, living and medical expenses while attending CES. I also agree to accept full responsibility for my actions while participating in the Program and any related activities, including but not limited to, excursions and agree to assume all injuries from my participation. In case of illness/injury, permission is hereby granted to any appropriate medical center for examination and/or treatment for referral to outside physicians. I will provide proof of medical insurance upon my arrival.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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***Office Use Only:***

Accepted     Not Accepted.

Application Fee Received:     Yes     No

I-20 Issued:     Yes     No

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_