



## Student Application

Students are expected to have a basic vocabulary, understand very simple oral language, and be able to write simple sentences in English. Students who have successfully completed at least one year of English as part of their school studies or one course at a language institute or have other English experience typically satisfy the basic knowledge requirement. Students who are not sure if they meet this minimum requirement should submit a short sample of their writing with their application.

## Application Instructions

Your application file will be reviewed only after all the required documents have been received. Please be sure to include the following when submitting your application:

- A completed application form, signed and dated
- An official copy and English translation of your grades - from high school or University - mailed in a sealed envelope directly from your school
- An official financial support statement from your bank, sponsor or guardian certifying that you have at least US \$5,880 available for each term at INTERLINK
- \$100.00 non-refundable application fee
- Optional non-refundable postage fee of \$65.00 (for FedEx or DHL)
- A copy of your passport (identity page)
- Campus safety form (for UNCG only)

### Payment Options:

- Bank Wire - contact the center you are applying to for wiring instructions
- Check - make check payable to INTERLINK Language Centers
- Credit Card - follow this link for the credit card authorization form:  
<http://interlink.edu/wp-content/uploads/2015/02/Credit-Card-Auth-Form.pdf>

Fax, mail or e-mail application materials directly to the appropriate center:

INTERLINK Language Center Indiana State University Root Hall, Room A141S Terre Haute, Indiana USA 47809 Fax: (812) 237-8031 isu@interlink.edu	INTERLINK Language Center The University of North Carolina at Greensboro Foust Building, Room 025 Greensboro, North Carolina USA 27402-6170 Fax: (336) 334-4701 uncg@interlink.edu	INTERLINK Language Center Valparaiso University 60 University Dr. Suite 100 Valparaiso, Indiana, USA 46383-6493 Fax: (219) 464-6846 vu@interlink.edu
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## I. Required Information

You must fill out all the information in this section. If you omit any required information, the application will be considered incomplete. Where applicable, enter the information as it appears on your passport.

Please select the center you wish to attend:

- Indiana State University
- The University of North Carolina at Greensboro
- Valparaiso University

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address (residence)

Do not leave any section blank. If there is no State or Province or no Postal Code, write "none."

P.O. Box or Street Number: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Mailing Address

*If your mailing address is the same as your residence, write "same" below. If your mailing address is different, write your complete mailing address below.*

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Fax Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Date of Birth: Day\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_
Your Date of Birth must be the same as on your passport.

Gender: [ ] Male [ ] Female

Marital Status: [ ] Married [ ] Unmarried

If married, will your family accompany you? [ ] Yes [ ] No

If yes, complete Part III below.

Expected start of INTERLINK studies: Month\_\_\_\_\_ Year\_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

II. Academic Information

Please answer all questions below as accurately as possible to facilitate the application process.

How many weeks do you expect to study at INTERLINK? \_\_\_\_\_

What do you plan to do after you study at INTERLINK?

- [ ] Study for BA/BS [ ] Study for MA/MS [ ] Study for PhD
[ ] Return home [ ] Travel in the US [ ] Other

Where did you first hear about INTERLINK?

- [ ] Friend [ ] INTERLINK Center [ ] Other
[ ] Relative [ ] INTERLINK Representative
[ ] INTERLINK Student [ ] Study Abroad Agency
[ ] Fulbright Office [ ] INTERLINK Advertisement
[ ] USIS Advertising [ ] Internet

Highest education level completed:  Secondary  University

Your field of study (major): \_\_\_\_\_

Standardized English test

Name of test:  TOEFL  TOEIC  Michigan  Other  None

Score: \_\_\_\_\_

Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Rank your English ability

Speaking:  Very Good  Good  Fair  Poor  No Ability

Listening:  Very Good  Good  Fair  Poor  No Ability

Reading:  Very Good  Good  Fair  Poor  No Ability

Writing:  Very Good  Good  Fair  Poor  No Ability

Have you studied in the US before?  Yes  No

If yes, name of program: \_\_\_\_\_

Address of program: \_\_\_\_\_

Rank housing options in order of your preference

1st Choice:  No Housing Assistance Needed  University Residence Hall  Host Family  Apartment

2nd Choice:  No Housing Assistance Needed  University Residence Hall  Host Family  Apartment

3rd Choice:  No Housing Assistance Needed  University Residence Hall  Host Family  Apartment

Do you have any physical disability or health problems that will require special assistance?

Yes  No

If yes, explain: \_\_\_\_\_

Who will finance your education in the US?  Self  Family  Government  Other

If other, please specify: \_\_\_\_\_

Do you wish to receive your admission materials via express mail?  Yes  No

*The charge for this service is \$50*

### III. Family Members

If family members will accompany you to the U.S., you must provide information for each one.

#### Spouse

*Information must be exactly as it appears on passport.*

Full Name: \_\_\_\_\_

Date of Birth: Day\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

#### Child 1

*Information must be exactly as it appears on passport.*

Full Name: \_\_\_\_\_

Date of Birth: Day\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

#### Child 2

*Information must be exactly as it appears on passport.*

Full Name: \_\_\_\_\_

Date of Birth: Day\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**Child 3**

*Information must be exactly as it appears on passport.*

Full Name: \_\_\_\_\_

Date of Birth: Day\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**Child 4**

*Information must be exactly as it appears on passport.*

Full Name: \_\_\_\_\_

Date of Birth: Day\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**Agreement Terms**

I understand the terms of my admission and agree to abide by the rules of the Center and of the University. I, and/or my sponsor, will be fully responsible for the cost of my studies while at INTERLINK. Further, I authorize release of my credentials and of my medical records for medical and insurance purposes; I also authorize treatment of any illness or injury by qualified health personnel during my attendance at INTERLINK.

I AGREE

\_\_\_\_\_  
Applicants or Sponsors Signature

\_\_\_\_\_  
Date