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 without basic English skills will not be admitted into regular classes.

To apply, students must:

- have a basic vocabulary
- understand very simple oral language
- be able to write simple sentences in English

**Application Instructions**

After submitting this application, you will be contacted and asked to supply the following documents and payments:

- an official copy and English translation of your high school or university grades
- an official financial support statement from your bank, sponsor, or guardian certifying that you have at least US $6,500 available for your first term at INTERLINK
- a photocopy of your passport (identity page) and of dependents’ passports (if applicable)
- $100.00 non-refundable application fee
- a $65 express mail fee (optional)

**Payment Options:**

- **Bank Wire** - Contact the center for wiring instructions. See [http://nc.interlink.edu/contact/](http://nc.interlink.edu/contact/).
- **Credit Card** - Find the Credit Card Authorization form under Payment Options on the center Applicants page at [http://nc.interlink.edu/applicants/](http://nc.interlink.edu/applicants/). Download, print, and mail it to the center address below.

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

INTERLINK Language Center  
**The University of North Carolina at Greensboro**  
Foust Building, Room 025  
Greensboro, North Carolina 27402  
USA  
Fax: (336) 334-4701  
Email: [uncg@interlink.edu](mailto:uncg@interlink.edu)
I. Required Information
Please fill out all the information in this section. If you omit any required information, your application will be considered incomplete. Where applicable, enter the information as it appears on your passport.

Family Name: ____________________________________
First Name: _____________________________________
Email Address: ___________________________________
Home Phone: _________________________________
Cell Phone: _________________________________
Fax Number: ___________________________________
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.*

Country of Birth: _________________________________________
Country of Citizenship: _________________________________________

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: _________________________________________

Mailing Address
*If your mailing address is the same as your residence, write “same” below. If you mailing address is different, write your complete mailing address below.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Expected start of INTERLINK studies: Month_____ Year_____
Emergency Contact
Name: ____________________________________________
Address: ____________________________________________________________________________
Home Phone: ________________________________________
Cell Phone: _________________________________________
Work Phone: _________________________________________
Email: _____________________________________________
Fax Number: _________________________________________

II. Academic Information
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 Website  ☐ Social Media: ________
☐ Relative  ☐ Study Abroad Agency  ☐ Facebook
☐ INTERLINK Student  ☐ Internet Search  ☐ Twitter
☐ USIS Advertising  ☐ Fulbright Office  ☐ LinkedIn
☐ INTERLINK Center  ☐ INTERLINK Advertisement  ☐ Other
☐ INTERLINK Representative  ☐ New Mind  ☐ Other: ______
☐ Transferred from other Language Program

Highest education level completed:  ☐ Secondary  ☐ University
Your field of study (major): _________________________________

Standardized English test (Optional)
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 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 $65*
III. Family Members
If family members will accompany you to the U.S., you must provide information for each one. Information must be exactly as it appears on passport.

**Spouse**
Full Name: ________________________________
Date of Birth: Day_____ Month_____ Year_____
Country of Birth: ________________________________
Country of Citizenship: ________________________________

**Child 1**
Full Name: ________________________________
Date of Birth: Day_____ Month_____ Year_____
Gender: □ Male   □ Female
Country of Birth: ________________________________
Country of Citizenship: ________________________________

**Child 2**
Full Name: ________________________________
Date of Birth: Day_____ Month_____ Year_____
Gender: □ Male   □ Female
Country of Birth: ________________________________
Country of Citizenship: ________________________________

**Child 3**
Full Name: ________________________________
Date of Birth: Day_____ Month_____ Year_____
Gender: □ Male   □ Female
Country of Birth: ________________________________
Country of Citizenship: ________________________________

**Child 4**
Full Name: ________________________________
Date of Birth: Day_____ Month_____ Year_____
Gender: □ Male   □ Female
Country of Birth: ________________________________
Country of Citizenship: ________________________________
Agreement Terms

I understand that upon admission to INTERLINK I must abide by the rules of the Center and 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

_________________________________________  ____________________
Applicant or Sponsor Signature                Date