

Intensive English Program Application

(Please type in English! List your name as it appears on your passport.)

Last Name	First N	ame	Middle Name
			Gender:
Permanent Home Address			
City	State / Countr	у	Zip Code/Postal Code
Cell Phone	Email		/// Birthdate MM / DD / YY
Country of Birth:		Country of Citizenship	:
Country of Residence:		Passport Number:	
Starting Session: Please check	the first session and a	ll sessions you plan to	attend:
1	all I	Fall II	
	pring I	Spring II	
	Summer 1	Summer II (check on av	ailability)
If you have taken TOFFL test	list score:	lf you have taken an	IELTS test - list score:
-		-	Score:
What level would you rate you Rate as: Beginner / Low Intern	Ir English abilities in ea	ach area:	
Reading:		Writing:	
Speaking:		Listening:	
How did you find out about th	is program?		
Reason for applying to this pro	ogram:		
Please indicate:	am currently attendin	g (name of school)	
	will be attending (nam	ne of school)	
	plan to attend Concor	dia University after co	mpletion of the IEP program.
	want to just attend IE	P classes.	
	plan to live and eat or		
	plan to live off-campu	s with family or friend	s (location)
	vailable for students a		· · · ·

(additional items on next page)

What do you want to be able to do af	er completion of IEP sessions?
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<u>For all applicants:</u> please read each statement below and add <u>yes</u> to indicate your agreement - I will assume all the financial, personal, and campus responsibilities of participating in this program. I will be responsible for payment of my travel, insurance, meals, housing, program tuition and fees. I understand I must pay for all IEP session costs no later than the first day of classes.
 For any applicants coming to the US on an F-1 student visa: please add yes to indicate your agreement - I will provide a financial statement to show I can afford the tuition and living costs for this program. I will make F-I student visa and travel arrangements once accepted, and according to details provided by Concordia. I will purchase insurance coverage (travel, health, medical evacuation) to cover medical emergencies, illnesses, injuries, while in the US as an international student.
For any applicants coming to the US on other visas: please add yes to indicate your agreement - I will make travel arrangements once accepted, and according to details provided by Concordia. I will purchase insurance coverage (travel, health, medical evacuation) to cover medical emergencies, illnesses, injuries, while in the US.

Name of registrant	Signature	Date
Parent name (if participant is under age 26)	Signature	Date

All applicants: Please scan completed form and email to: IntensiveEnglishProgram@cune.edu

Non-US residents: Please also scan a copy of your passport ID page to: IntensiveEnglishProgram@cune.edu

Additional financial and visa materials may be requested to complete application process, depending on student's current citizenship and visa status.

For office use only:	
Date received:	
Follow-up items needed:	
Confirmation sent:	Confirmation payment received:
Banner registration requested:	Billing requested: