ROSEMEAD COLLEGE of ENGLISH

8705 E. VALLEY BLVD., ROSEMEAD, CA 91770, USA
TEL: 1(626) 285-9668 | FAX: 1(626) 285-1351
3848 W. CARSON ST., STE 100, TORRANCE, CA 90503, USA
TEL: 1(310) 316-3698 | FAX: 1(310) 316-3689

Application for Admission 2010

Student Information

Telephone :( ) **Email:**

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

Gender: ☐ Male ☐ Female **Country of Birth:** _____ **Country of Citizenship:** _____

(Current Address in USA) Street City State or Province Postal Code Country

(Oversea Address in your country)

Emergency Contact Information: _____
Person's Name Relationship Telephone

Status you will be attending as: ☐ International Student (F-1) ☐ Resident ☐ Other (Specify): _____

Campus & Program Preferences

Courses (Check all that apply): ☐ ESL ☐ TOEFL ☐ TOEIC ☐ Tutoring ☐ (Specify) _____

Program: ☐ Intensive (Whole Day) ☐ Semi-Intensive (Half Day)

Number of weeks you will be attending:

☐ 4 Wks ☐ 8 Wks ☐ 12 Wks ☐ **16 Wks** ☐ 20Wks ☐ 24 Wks ☐ 28Wks ☐ 32 Wks ☐ 36 Wks ☐ 48 Wks

Date you wish to begin at RCE: Please circle your starting date. (*New session enrollment)

Morning	**1/4 ***	2/1	3/1	3/29	4/5	**5/3 ***	6/1	6/28	7/26	**8/30***	09/27	10/25	11/22
Afternoon	**1/4 ***	2/1	3/1	3/29	4/5	**5/3 ***	6/1	6/28	7/26	**8/30***	09/27	10/25	11/22
TOEFL	**1/4 ***	2/1	3/1	3/29	4/5	**5/3 ***	6/1	6/28	7/26	**8/30***	09/27	10/25	11/22

How to Apply to RCE

Submit the completed application along with the following payments and documents:

1) **All Students:** Application Fee, Tuition fee and any other optional fees.
2) **F-1 Students who require a I-20 form:** Please submit these additional documents:
   (a) Photocopy of passport (identification section).
   (b) A financial certification (in English) verifying that both tuition and living expenses will be met while attending RCE.
   Either of the following forms is Acceptable:
   (1) A personal bank statement or letter from the bank
   (2) A letter of support from your parents/sponsor stating that they will be responsible for your expenses during your stay and a bank letter from source of support.
3) **Transfer Students:** If you already have an F-1 visa and are planning to transfer to our school, we need the following documents before we can process your application:
   (a) Photocopies of your passport, student visa, I-94 and I-20 form
   (b) A "Notice of Intent to Transfer" form signed by your current school counselor.
   (c) A financial certification.

Service for Student Visa Change of Status

I understand that Rosemead College is authorized by the USCIS/SEVIS to accept foreign student. The school never promises or guarantees me an F-1 visa status, which is to be determined by USCIS. I further understand that as an F-1 visa status student, I must maintain my full-time study at the school.

I certify that I have read, understood, and agreed to the school's cancellation and refund policies. I declare that all information supplied on this application form is true and correct.
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 RCE. I also agree to accept full responsibility for my actions while participating in the Program and any related activities, including but not limited to, excursion and agree to assume all injuries from my participation. In case of illness and/or injury, permission is granted to any appropriate medical center for examination and/or treatment and/or for referral to outside Physicians.

Signature of Applicant Date Signature of Parent or Guardian if Applicant is under 18 Date

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Airport Pick up Service? ☐ Yes ☐ No Flight information: _____

Housing Placement Service? ☐ Yes ☐ No **If yes, how long do you plan to stay?**_____

Type: Homestay with Meal ☐ Homestay without Meal ☐

Is family with children OK? ☐ Yes ☐ No Is family with indoor pets OK? ☐ Yes ☐ No

Please list any health problem, allergies or foods you cannot eat _____

I am sending payment made payable to Rosemead College of English via:

- **Check or money order in the amount of US$_____**
- **Credit Card:** ☐ Visa ☐ MasterCard

I authorize RCE to charge my card in the amount of US$_____ Card Number _____/_____/_____/_____
I understand that RCE will charge extra 5% of the total amount for the processing fee.

Expiration Date:_____/_____ Name on Card:_____ _____
Month Year Signature of the Cardholder

***Wire Transfer in the amount of US$_____ .** If sending by wire transfer, **your payment must include the transfer fees charged by the bank.** Send your payment to: *Please call for detail information for electronic transfer.*

Electronic Transfer: Bank of America
****Please call for detail information for electronic transfer.***

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 RCE. I also agree to accept full responsibility for my actions while participating in the Program and any related activities, including but not limited to, excursion and agree to assume all injuries from my participation. In case of illness and/or injury, permission is granted to any appropriate medical center for examination and/or treatment and/or for referral to outside Physicians.

_____ _____
Signature of Applicant Date Signature of Parent or Guardian if Applicant is under 18 Date

----------x----------x---------- **for office use only** ----------x----------x----------

Date	Remarks