

<u>2016 PROGRAM</u>

New Students Enrollment Day				
<mark>January</mark> 4	January 25	February 8	March 7	
<mark>April 4</mark>	April 25	May 16	June 6	
<mark>July 5</mark>	July 25	August 15	September 6	
October 3	October 24	November 14	December 5	

Required Documents for Application:

- (1) Copy of passport (Applicants must be 18 years old or older)
- (2) Evidence of Financial Support (USD \$20,000.00 or more)
- (3) High school Diploma
- (4) Completed Application Form

Tuition and Fees:

- (1) Application Fee: USD \$150.00 (non-refundable)
- (2) International students have to enroll for a minimum of <u>12 weeks</u> English Program.

(Full refund can be made only if Visa has been denied)

Program	4 Weeks	8 Weeks	12 Weeks
ESL-Semi	\$600	\$1,100	\$1,400
ESL-Intensive	\$1,200	\$2,000	\$2,600
iBT TOEFL	\$800	\$1,400	\$1,800
TOEIC	\$600	\$1,100	\$1,400
Conversation & American Culture	\$600	\$1,100	\$1,400
Business English	\$600	\$1,100	\$1,400

STRF FEE CALCULATED BY BPPE					
Airport Pickup	\$85	Homestay Placement Fee \$250			
Homestay Rent	\$850-\$1,500 / Month	Express Mail	\$70		

www.rosemeadcollege.edu

Rosemead Campus

8705 E. Valley Blvd., Rosemead CA 91770, USA TEL: (626) 285-9668 FAX: (626) 285-1351 E-mail: info@rosemeadcollege.edu

South Bay Campus (Torrance)

3848 Carson Street, Torrance, CA 90503, USA TEL: (310) 316-3698 FAX: (310) 316-3689 E-mail: mable@rosemeadcollege.edu



Application for Admission

Student Information Telephone: ()			Email:				
Family Na			lama	Middle Norro	_ Date of Birth:	/	
Family Na	_	First N		Middle Name		onth Day	Year
Gende	r:Male	Female	Country of	Birth:	Country of Citiz	enship:	
(Current	Address in USA) Street		City	State or Province	Postal Code	Country
(Oversea	a Address in you	ır country)					
Emerge	ency Conta	ct Information	Person's Name		Relationship	Telepho	ne
Status	you will be	e attending as:	Internation	al Student (F-1)	Resident Other (Specify):	
Cam	ous & Prog	gram Preferen	ces				
Course	s (Check all	that apply):	esl 🗌 toefl [TOEIC Tutoring	Conversation 🗌 Busine	ess English 🔲	(Specify)
Progra	m: 🗌 Inter	sive (Whole Day)) Se	emi-Intensive (Half Day)			
-		you will be att					
□ 4 W		-	-				
Please	select the	month vou wis	h to beain vou	Ir study and the year y	ou plan to attend.		
			···· J / ··		• • • • • • • • • • • • • • • • • • • •		
Year: _		\bigcirc					
U Jan	. U Feb.		April O May	y 🔵 June 🔵 July	O August O Sept.	Oct. C) Nov. () Dec.
Hov	v to Apply	to RCE					
				payments and documents:			
1) 2)				ny other optional fees. se submit these additional do	ocuments:		
_)		opy of passport (ide					
	() 5	chool diploma					
		cial certification (in of the following		that both tuition and living e	expenses will be met while	attending RCE.	
		personal bank state					
				ponsor stating that they will	be responsible for your ex	penses	
3)				n source of support. visa and are planning to trar	ofer to our school, we nee	d the following d	ocuments before we
3)		your application:			ISIEI to our school, we nee		Scutterits before we
	.,			I-94, High school diploma ar			
	• •	ce of Intent to Trar cial certification.	nster" form signed	by your current school coun	iselor.		
Serv	vice for Stu	udent Visa Cha	ange of Statu	S			

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.

Application for Admission

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 American Express	
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 convience fee.	
Expiration Date: / Name on Card: / Signature of the Comparison of	Cardholder
*Wire Transfer in the amount of US\$ If sending by wire transfer, your payment must include the	
fees charged by the bank. Send your payment to: Please call for detail information for electronic transfer.	
Electronic Transfer: Bank of America * <i>Please call for detail information for electronic transfer.</i>	
Signature of Applicant Date Signature of Parent or Guardian if Applicant is under 18	Date
xxxxx	X
Date Remarks	