

8705 E. VALLEY BLVD., ROSEMEAD, CA 91770, USA

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3848 W. CARSON ST., STE 100, TORRANCE, CA 90503, USA

TEL: 1(310) 316-3698 | FAX: 1(310) 316-3689

## **■** Application for Admission **■**

Student	Information Telepl	none: ( )		Email:			
Family Name	Final Name		Middle Nor	Date of Birth: _			Voor
Family Name	First Nam	ie	Middle Name		Month	Day	Year
Gender:	☐ Male ☐ Female	Country of Birth:		Country of Citiz	zenship:		
(Current Addres	ss in USA) Street		City	State or Province	Postal Code		Country
(Oversea Addre	ess in your country)						
Emergency	Contact Information: _			B.L.: I			
				Relationship	Telephone		
Status you	will be attending as:	International Stud	ent (F-1)	sident Other (Spec	cify):		
Campus 8	& Program Preference	es					
·	neck all that apply): ESI		OEIC Tutoring	J (Specify)			
_			_	) [Specify]		<del></del>	
_	Intensive (Whole Day)		ensive (Half Day)				
	weeks you will be atter	_					
4 Wks	☐ 8 Wks ☐ 12 Wks	☐ 16 Wks					
Please sele	ct the month you wish t	to begin your stud	y and the year you	ı plan to attend.			
Year:							
Jan.	Feb. March	April May	June July	August Sept	t. Oct.	O Nov.	O Dec.
How to	Apply to RCE						
	mpleted application along with	the following payment	s and documents:				
1) <b>All S</b>	Students: Application fee, Tu	ition fee and any other	optional fees.				
•	Students who require a I- Photocopy of passport (ident		it these additional docu	iments:			
	High school diploma	medion section)					
(c)	A financial certification (in Er		th tuition and living ex	penses will be met while atte	nding RCE.		
	Either of the following for (1) A personal bank statem		ank				
	(2) A letter of support from			e responsible for your expens	es		
3) <b>T</b> rai	during your stay and a l		• • •	er to our school we need the	e following docu	ments hefore	we can

## **Service for Student Visa Change of Status**

(c) A financial certification.

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.

(a) Photocopies of your passport, student visa, I-94, High school diploma and I-20 form(b) A "Notice of Intent to Transfer" form signed by your current school counselor.

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Airport Picl	k up Service?  Yes No Flight information:
Housing Pla	acement Service? Yes No If yes, how long do you plan to stay?
<b>Type:</b> Hor	mestay with Meal  Homestay without Meal
Is family wit	th children OK? Yes No Is family with indoor pets OK? Yes No
Please list a	ny health problem, allergies or foods you cannot eat
I am sendii	ng payment made payable to Rosemead College of English via:
	money order in the amount of US\$
Credit C	
I authorize RO I understand	CE to charge my card in the amount of US\$ Card Number/// that RCE will charge extra 5% of the total amount for the processing fee.
Expiration Da	te: Name on Card:
	Month Year Signature of the Cardholder
	er in the amount of US\$ If sending by wire transfer, your payment must include the transfer d by the bank. Send your payment to: Please call for detail information for electronic transfer.
	ansfer: Bank of America
	I for detail information for electronic transfer.
	ipation. In case of illness and/or injury, permission is granted to any appropriate medical center for examination and/or for referral to outside Physicians.    Signature of Parent or Guardian if Applicant is under 18   Date
X	xxxxx
Date	Remarks