



ROSEMEAD COLLEGE

2018 PROGRAM

New Students Enrollment Day			
January 8	January 29	February 20	March 12
April 9	April 30	May 21	June 11
July 9	July 30	August 20	September 10
October 8	October 29	November 19	December 10

Required Documents for Application:

- (1) Copy of passport (Applicants must be 18 years old or older)
- (2) Evidence of Financial Support (USD \$25,000.00 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 **12 weeks** English Program.
www.rosemeadcollege.edu
(Full refund can be made only if Visa has been denied)

Program	4 Weeks	8 Weeks	12 Weeks
ESL-Semi	\$600	\$1,100	\$1,500
ESL-Intensive	\$1,200	\$2,000	\$2,800
iBT TOEFL	\$800	\$1,400	\$1,800
TOEIC	\$600	\$1,100	\$1,500
Conversation & American Culture	\$600	\$1,100	\$1,500
Business English	\$600	\$1,100	\$1,500

STRF FEE CALCULATED BY BPPE			
Airport Pickup	\$100	Homestay Placement Fee	\$250
Homestay Rent	\$850-\$1,200 / Month	Express Mail	\$100

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 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 ☐ Conversation ☐ Business English ☐ (Specify)

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

Number of weeks you will be attending:

☐ 4 Wks ☐ 8 Wks ☐ 12 Wks

Please select the month you wish to begin your study and the year you plan to attend.

Year:

☐ Jan. ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

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) High school diploma
 - (c) 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, High school diploma 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

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

-----X-----X----- for office use only -----X-----X-----

[illegible]