



ASC English

1106 Commonwealth Ave., Boston, MA 02215
Tel: 617-730-3705 Fax: 617-730-3700

Application for Transfer Students

1. Please complete and sign this application form. If you are transferring your I-20 from another school, you will need the following documents before your application can be processed:

A copy of your passport, visa, previous I-20s, and I-94

Proof of financial certification in English and in US Dollars (minimum required US\$5000), no more than 6 months old.

2. Please send the completed application by mail, fax, or email to :

| <u>Mailing Address :</u> | <u>Fax :</u> | <u>Email :</u> |
|--|----------------------|----------------------------|
| Admissions ASC English 1106 Commonwealth Avenue, Boston, MA 02215 | +617-730-3700 | info@ascenglish.com |

Health Insurance

It is a Massachusetts State Law that all students must have insurance, though you are not required to present proof of health insurance to ASC English. For more information about health insurance plans for international students, please contact the International Student Officer.

Cancellation and Refunds

If you cancel at any time prior to the beginning of a session, all payments except the application fee and the tuition deposit will be returned to you. If you decided not to continue studying after classes begin, we regret that the tuition for the session is not refundable.

PERSONAL INFORMATION

LEGAL NAME IN FULL

LAST NAME

FIRST NAME

MIDDLE

FOREIGN/HOME COUNTRY ADDRESS

STREET NUMBER, STREET, APARTMENT NUMBER

CITY/TOWN

ZIP CODE

COUNTRY

MAILING ADDRESS IN USA

STREET NUMBER, STREET NAME, APARTMENT NUMBER

CITY/TOWN

STATE

ZIP CODE



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PHONE NUMBER

EMAIL ADDRESS

GENDER

☐ MALE

☐ FEMALE

DATE OF BIRTH

MONTH/DAY/YEAR

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

EMERGENCY CONTACT

NAME OF PERSON

RELATION TO PERSON

PHONE NO.

WILL YOU HAVE ANY FAMILY MEMBERS ACCOMPANYING YOU? IF SO, PLEASE GIVE NAME AND RELATIONSHIP:

NAME

DOB:

Country of Birth:

RELATIONSHIP:

NAME

DOB:

Country of Birth:

RELATIONSHIP:

NAME

DOB:

Country of Birth:

RELATIONSHIP:

NAME

DOB:

Country of Birth:

RELATIONSHIP:

I CERTIFY THAT I WAS MOST RECENTLY A FULL-TIME STUDENT AT

NAME OF SCHOOL

AND THAT THE LAST DATE I ATTENDED CLASSES THERE WAS

LAST DATE OF ATTENDANCE

Please Check the session when you wish to begin:

2020 Sessions

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Jan 6– Jan 31 | <input type="checkbox"/> Mar 30 – Apr 24 | <input type="checkbox"/> Jun 22 – Jul 17 | <input type="checkbox"/> Sep 28 – Oct 23 |
| <input type="checkbox"/> Feb 3 – Feb 28 | <input type="checkbox"/> Apr 27 – May 22 | <input type="checkbox"/> Jul 20 – Aug 14 | <input type="checkbox"/> Oct 26 – Nov 20 |
| <input type="checkbox"/> Mar 2 – Mar 27 | <input type="checkbox"/> May 26 – Jun 19 | <input type="checkbox"/> Aug 31 – Sep 25 | <input type="checkbox"/> Nov 23 – Dec 18 |

☐ Morning Class ☐ Afternoon Class ☐ Evening Class

Where did you hear about ASC English Boston?

- ☐ Friend (Full Name): _____
- ☐ Internet (Website): _____
- ☐ Newspaper: _____ ☐ Front sign
- ☐ College _____
- ☐ Other _____

Locations:

- ☐ Main Campus
(1106 Commonwealth Ave.)
- ☐ Downtown Boston
(65 Harrison Ave, 6th Floor)



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REQUIRED PAYMENT FOR FIRST TIME ENROLLMENT

| | |
|--|----------|
| NON-REFUNDABLE APPLICATION FEE | \$120.00 |
| NON-REFUNDABLE SUPER A PROGRAM TUITION DEPOSIT | \$250.00 |

Note: All tuition payments must be made in full prior to the beginning of the first class. Students with unpaid balances will not be allowed to attend class.

METHOD OF PAYMENT

1) I prefer to make payment by check or money order.

Enclosed find payment of: _____

(All checks must be drawn from a United States bank and must have the bank name imprinted on the check)

2) Please charge my (Select one) ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CARDHOLDER NAME (PLEASE PRINT): _____

SIGNATURE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ Billing Zip Code: _____

I authorize the above named business to charge the card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, and for the amount indicated above. I certify that I am an authorized user of this card and that I will not dispute the payment with my card company so long as the transaction corresponds to the terms indicated in this form. I also authorize ASC English to use this card information to charge further expenses for all future sessions during which I am obligated by federal regulations to be enrolled in classes.

ASC also accept wire transfers for an additional cost of \$45.00. Our bank account information is as follows:

Account Name: ISSC Management, Inc.

Account #: 4660 0825 3817

Bank Name and Address: Bank of America, 100 Federal Street, Boston, MA 02110

Bank of America ABA# 026009593

MEDICAL EMERGENCY STATEMENT:

In the event of illness or injury, I authorize medical diagnosis and treatment of injury or illness to the applicant and release of medical information for medical treatment and insurance purposes. I accept responsibility for medical expenses outside the limits of any medical insurance and those pre-existing conditions not covered by health insurance. Submission of this application constitutes an acceptance of the terms and conditions of enrollment included in the application package.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN (if under 18) _____ DATE: _____



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F-1 Transfer Students Tuition and Fees

| | | |
|---|-------|----------------|
| Application Fee for F-1 Transfer Students | \$120 | Non-refundable |
| Enrollment Deposit | \$250 | Non-refundable |
| Global Express mailing (if necessary) | \$100 | Non-refundable |

| Transfer Student Pricing: Morning 21 hours/week | | | |
|---|--------|-------|---------|
| Program | Months | Weeks | Tuition |
| ESL | 1 | 4 | \$925 |
| ESL | 2 | 8 | \$1,770 |
| ESL | 3 | 12 | \$2,550 |
| ESL | 4 | 16 | \$3,320 |
| ESL | 5 | 20 | \$4,125 |
| ESL | 6 | 24 | \$4,800 |
| TOEFL | 1 | 4 | \$1,100 |
| TOEFL | 2 | 8 | \$2,100 |
| TOEFL | 4 | 16 | \$3,530 |
| Transfer Student Afternoon 18 hours/week | | | |
| Program | Months | Weeks | Tuition |
| ESL | 1 | 4 | \$850 |
| ESL | 2 | 8 | \$1,600 |
| ESL | 3 | 12 | \$2,325 |
| ESL | 4 | 16 | \$3,040 |
| ESL | 5 | 20 | \$3,750 |
| Transfer Student Evening 18 hours/week | | | |
| Program | Months | Weeks | Tuition |
| ESL | 1 | 4 | \$800 |
| ESL | 2 | 8 | \$1,500 |
| ESL | 3 | 12 | \$2,200 |
| ESL | 4 | 16 | \$2,900 |