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| SSC # Staff use only |
|-------------------------|

Application for Admission

1. Please mark your choice:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Fall Semester (12 weeks Sep - Dec) | <input type="checkbox"/> Spring Semester (12 weeks Jan - April) | <input type="checkbox"/> Summer Semester Summer I <input type="checkbox"/> (6 weeks May - Jun) | <input type="checkbox"/> Summer II <input type="checkbox"/> (6 weeks Jul - Aug) |
|---|---|--|---|

2. Have you applied to Salem State College before? Yes No

3. Name _____ Sex Male Female
(First) (Middle) (Last/ Family)

4. Date of birth (mm/dd/yy) ____/____/____ Marital Status Single Married Other

5. Permanent Address in **home country** _____
(Number and Street)

(City) (State) (Zip Code) (Country)

6. Mailing Address _____
(Number and street)

(City) (State) (Zip Code) (Country)

7. Telephone: Home _____ Cellular _____
Fax _____ Email _____

8. **Residence:** Country of Citizenship _____ Country of Birth _____
Country of Permanent Residence _____

9. **If you are in the U.S.: Visa Type:** F-1 F-2 J-1 J-2 B-1 B-2 Other _____

10. Do you need a Form I-20 for a student visa? Yes No
(If you need an I-20, please complete the Certification of Finance section of this form and submit financial documents)

11. **How would you like to receive your I-20?** Mail Pick up at CIE Express mail (contact CIE for more information)

12. **Education:** High School University _____ Date of graduation ____/____/____
School's name

13. **English:** How long have you studied English? ____ Have you ever taken TOEFL? No Yes Date ____/____/____ Score ____

14. **Housing:** Where do you want to live? On campus dormitory (if available) Off campus housing

15. **How did you hear about this program?** (1) Friend or relative who studied at SSC (2) Website (3) Magazine
 (4) Advising service (5) Friend or relative in the U.S. (6) Other _____

16. **I certify that the above information is accurate and true:**

Signature of applicant

____/____/____
Date

Complete this form, attach a check for \$40 (non refundable) application fee. All checks payable to **Salem State College.**

Mail to: Salem State College
Center for International Education
352 Lafayette Street
Salem MA 01970-5353
Phone: (978) 542 6351 Fax: (978) 542 7104 E-mail: cie@salemstate.edu



Intensive English Program Financial Documentation

If you require a Form I-20, you must show that enough money is available to pay for your tuition and expenses. The amount of projected support should be equal to or more than the amount of estimated program cost indicated below. The total cost for one semester (4 months) is \$ 6,972. The cost is divided as follows:

| | <u>One Semester</u> | <u>Two Semesters</u> | <u>Three Semesters</u> |
|--------------------------------------|---------------------|----------------------|------------------------|
| Tuition and Fees (18 hours) | \$1,830 | \$3,660 | \$5,490 |
| Books | \$125 | \$250 | \$375 |
| Living Expenses | \$4,000 | \$8,000 | \$12,000 |
| Salem State College Health Insurance | \$1,017 | \$1,017 | \$1,017 |
| TOTAL ¹ | \$6,972 | \$12,927 | \$18,882 |

¹ All students must have comprehensive health insurance with a company located in the US. Students without coverage must enroll in the Salem State College health insurance plan (\$1,017 for one year coverage August 1 to July 31).

Either you, a family member, or another person who will be supporting you should complete the Certification of Finances below.

* Prices are based on 2009-2010 academic year and may change.

Certification of Finances

I, _____, hereby certify that an amount of US Dollars
Sponsor's name
 (\$) _____ equivalent to _____ is available for the
country currency
 expenses to be incurred by _____ while studying at
Student's name
 Salem State College's Intensive English Program. **I have attached original current documents** (with English translation) which show that enough funds are available to cover the expenses of the program. I further certify that the information provided is true, correct, and complete.

Signature

Date

Print name

Your relationship to student

Mail completed

- Application Form
- Certification of Finances
- Financial Document(s)
- Application Fee (\$40)
- Copy of Passport

**To: Salem State College
 Center for International Education
 352 Lafayette Street
 Salem, MA 01970-5353
 USA**

**Telephone (978) 542- 6351
 Fax (978) 542-7104
 Email cie@salemstate.edu**