

INTERLINK Language Center UNCG Instructions for Application Form

Print and fill out the application form and then send the application to us with:

- a. an official copy of your high school or university grades;
- b. an official financial support statement from your bank, sponsor or guardian, certifying that you have at least US \$5000 available for study at INTERLINK;
- c. a \$100.00 non-refundable application fee;
- d. (optional) a \$50 express mail fee if you want your I-20 sent by express mail.

To pay by check, please make check (in U.S. dollars) payable to INTERLINK Language Centers.
To pay the fees by Visa or MasterCard, use the form on the application page of the website.

You can send the application and documents in these ways:

By fax: 336 334 4701

By email-- scan and email to interlink@uncg.edu

By mail, send to INTERLINK Language Center
 The University of North Carolina at Greensboro
 Foust Building, Administration Drive
 Greensboro, N.C. 27402-6170

Thank you!

INTERLINK / UNCG Application Form

I. REQUIRED INFORMATION You must fill out all the information in this section.

1. _____
Family Name First Name

Your name should be spelled exactly as it is on your passport. If possible, send us a copy of your passport.

2. _____
E-mail address

3. _____
Residence Address (PO Box or Street No.) in your home country—not in the U.S.

City State or Province Country Postal Code

4. If your mailing address is the same as your residence, type "same" below. If your mailing address is different, type your complete mailing address:

Mailing Address (PO Box or Street No.)

City State or Province Country Postal Code

5. _____
Telephone Number

6. _____
Country of birth:

7. _____
Country of citizenship:

8. Date of birth: _____
Day Month Year

Your date of birth must be the same as on your passport.

9. Male Female
Gender (circle one)

10. Single Married
Marital Status (circle one)

11. If you are married, will your family accompany you? Yes No
If yes, complete Part III below. (circle one)

12. Expected start of INTERLINK studies: 2010 2011 2012 2013
(circle one)

January March May August October
(circle one)

I understand the terms of my admission and agree to follow the rules of the Center and the University. I, and/or my sponsor, will be fully responsible for the cost of my studies while I am at INTERLINK. Further, I authorize the release of my credentials and of my medical records for medical and insurance purposes; I also authorize treatment of any illness or injury by qualified health personnel.

Signature of student or sponsor

Date

